

THE STORY OF SNAG 56

To a Good Scout
Daddy -



COLOR GUARD

THE STORY OF SNAG 56

BY
HENRY W. HUDSON
Captain (MC) USNR

1946

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PRINTED AT THE HARVARD UNIVERSITY PRINTING OFFICE

CAMBRIDGE, MASSACHUSETTS, U.S.A.

FOREWORD

Such effort as has been expended in the preparation of the Story of Snag 56 is viewed as a pleasant task because of the historian's admiration and appreciation of the magnificent cooperation, the cheerful acceptance and overcoming of difficulties and discomforts, and the unstinted giving of self by all hands in the care of those who made the landings in Normandy. A hospital should not be viewed as a collection of buildings and material, but as a blending of the personalities and skills of those who work in and for it. That such a happy blending did occur made possible the record of those days in Southern England which only those who participated can understand fully and recall proudly. The writer salutes respectfully the men and women of United States Base Hospital #12 and wishes each one "Fair Weather" in the days to come.

NETLEY, HANTS

SEPTEMBER, 1944

Grateful acknowledgement is made for permission to republish the articles by Catherine Coyne in the Boston Herald, Lovelle Hearst in the Journal-American (N. Y.), Fred MacKenzie in the Buffalo Evening News, Carol Taylor in the New York World Telegram, and the unsigned articles in the Richmond Times-Despatch and the Journal of the American Medical Association.

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"ABATU"

Everything must have its beginning and, though it is a matter of conjecture, it is not unlikely that the decisions reached at the Teheran Conference resulted in a decision to establish a Naval Base Hospital in Southern England as near as possible to a port of departure and, importantly, at a site to which those wounded early in the Invasion could be evacuated speedily. The Surgeon General, through intelligence coming from Comnaveu, and after conference with the Chief of Naval Operations, must have made the decision which resulted in the Story of Snag 56.

During the last week of December, 1943, Captain C. J. Brown (MC) USN was notified by telephone that the Surgeon General wished to see him. In Admiral McIntire's office he was informed that he was to command a hospital located at Netley, which Captain Brown located later in an encyclopedia. He was also told that personnel for the hospital were being selected. This interview was followed by these orders:

"NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON, 25, D.C.

Pers — 318 — FR — 4

Speedletter

29 December 1943

Capt Clarence J Brown MC 13869 heredet prorp CO Advbase Assembly and Traunit Navtracen Lidobeach Longis NY temporary duty connection establishment hospitalfac Snag 56 duty as Medof in Command that activity when established and dutout reporting by ltr Comthree X Delrep eleven Jan X During necessary travel time and while on temporary duty entitled transporta-

tion and per diem seven dollars in lieu subsistence period not exceeding ninety days except while occupying Gov quarters ashore when per diem will be three dollars and except while in vessel or while on authorized delay when no per diem will be allowed.

(Signed) Randall Jacobs

Similar orders were received by Medical, Hospital, and Nurse Corps Officers at Chelsea, St. Albans, Quantico, Bethesda, New Orleans, Portsmouth, Great Lakes, Bainbridge, Jacksonville, Washington, and other medical facilities, and drafts of enlisted personnel were required of these activities and Receiving Ships.

Prior to war, a large hotel and club together with seaside homes had existed at Lido Beach and, no doubt, it must have been a pleasant summer resort. However, in January 1944, the hotel club had become a Receiving Ship and BOQ, the golf course was covered by barracks and other installations, and the bathing beach was lined by small calibre cannon and guns. There was snow, and dampness, wintry blasts and desolation to greet the units assembling there.

For the most part these units were designated for duty in Etousa and, in addition to several types of medical groups, there were Seabees, Beach Battalions, and the personnel to man the several types of landing and assault craft. Men were assigned to barracks, the nurses found billets in town, and the other officers were assigned rooms in BOQ — housekeeping arrangements being somewhat below the standard of the peace time club. In many instances relatives had come to New York and the seven A.M. train from Penn Station was filled with officers and bluejackets who spent the day at Lido and the nights in New York which, even in war time, was a good liberty port.

Two Quonset Huts were assigned to Snag 56, one for ad-

ministration and officer use and a second, similarly, for the Chief Nurse and her associates. All hands were issued helmets, gas masks, foul and cold weather clothing and the officers drew pistols and clips. "Scuttlebutt" was rife and conjectures as to destination included Norway, the Mediterranean, the Pacific and the United Kingdom. The "skipper" passed the word only that there was urgency in accomplishing the establishment of our hospital. Organization, from which there was later very little change, was completed in a few days. Personnel were assigned duty in the Base Dispensary, gear was issued, orders endorsed, and pay accounts transferred. Many found urgent professional missions to accomplish in Manhattan and, since requests were viewed broadly, as little time was spent in Lido as possible. Saturday morning inspections by the Base C.O. were held to the accompaniment of coughs and sneezes and the Nurse Corps in stateside silk stockings never wavered — but looked to be very cold.

There was not long to wait. On January 20th we were formally commissioned and on the 22nd an advance party consisting of the Commanding Officer, Executive Officer, Senior Dental Officer, Chief Nurse, two Hospital Corps Officers and six enlisted men shoved off, completed transportation aboard the Queen Mary and landed in Gourock. From Scotland they went by train to London and reported to Comnavue.

There remained forty-eight officers, 98 Nurse Corps officers and 575 men. On January 26 we were "sealed," there was no liberty and "goodbyes" had been said.

On the 27th the nurses were guests of the other officers at a "shakedown" cocktail party.

In the meantime, instructions concerning debarkation were received from the Base and from the Port Director and on

January 28 at 1500 the troop movement began in compliance with these orders:

"Advance Base Assembly and Training Unit
Naval Training Center
Lido Beach, Long Island, New York

NB 174/00/MM

28 January 1944

From: Commanding Officer

To: Commander Henry W. Hudson, MC — V(S) USNR

Subject: Orders — Troop Movement

Reference: (a) Div. Nav. Transp. Service Ltr. Sec.

Serial No. 0166539 of 28 December 1943

1. Upon receipt of these orders and when directed by proper authority you will take charge of the officers and enlisted personnel listed in enclosure (a) proceed immediately via Government transportation furnished you and report to the Embarkation Officer on board the N.Y. 40 for transportation to duty outside the continental limits of the United States.

(Signed) J. M. Sheehan
Captain U.S.N."

This movement was begun in accordance with the following memorandum:

"ADVANCE BASE ASSEMBLY AND TRAINING UNIT
NAVAL TRAINING CENTER
LIDO BEACH, LONG ISLAND, NEW YORK
27 January 1944

MEMORANDUM TO UNIT OFFICERS CONCERNED

Subject: NY 40 Movement — Departure of SNAG 56

1. The following schedule is hereby set up for the departure of SNAG 56:

1500 — Formation and Muster (Drill Field).

1530 — March to Long Beach Station.

— *Nurses Muster on South Side of building A-1.

1545 — Nurses leave by bus for Long Beach Station and board train on arrival.

1610 — Marching Column will arrive at Long Beach Station and Board train.

1630 — **Train Departs.

*Note 1. Nurses will fall in for muster according to the sequence of their sailing list numbers.

**Note 2. Due to the time of departure from this station an early supper will not be served. Sandwiches and fruit will be provided on the train.

2. The train for this movement will have twelve (12) cars. These cars will be loaded as follows:

Car #1 to Car #9 inclusive: 2 officers and 65 enlisted personnel to each car.

Car #10 and #11 — 43 Nurses to each car.

Car #12 — 13 Nurses and 30 officers.

3. All enlisted personnel shall be formed and mustered in groups of 65 and according to the sequence of their embarkation tag numbers. Each group of 65 enlisted personnel shall have two officers assigned — one officer to march at the head of the group and the other at the rear.

4. The uniform for departure shall be Undress Blues with Neckerchief and Peacoats. Helmets will be worn and Gas Masks must be carried slung over the right shoulder. Canteens shall be filled with water prior to departure.

(Signed) FRANK K EVANS, Jr.

Lieut. USNR Operations Officer

By devious routes we were carried to Jersey City and, under cover of darkness, guided from the train platform down a ladder to a ferry which then made the landing at Pier 86. The Nurses left the ferry first and as the first stepped

on to the covered pier, an Army Band struck up "Oh, Lady Be Good!" and as the officers and men filed from the ferry the band played "Anchors Aweigh" and then "Here Comes the Navy." Brilliantly-lighted within, the pier resembled a gigantic warehouse. We halted in formation and the Red Cross served doughnuts and coffee, not the last but certainly the best we were to have for some months.

Officers by the forward gangway, men by the after gangway, thus boarded the N.Y. 40. Her great gray side and the battle dressed soldiers also embarking left little doubt as to the grim realities of the situation. The sight of the nurses staggering up the gangway with helmet, canteen and first aid packet secured to a belt, gas mask slung and carrying heavy personal gear will long be remembered. Perhaps it was the cargo lights, perhaps the preceding day's cocktail party, but the general impression was of pale and solemn faces — and this was not limited to the women officers.

Once aboard it was learned that N.Y. 40 was H.M.S. Aquitania and that military control of U. S. personnel was by Colonel G. V. N. Lothrop, F.A., U.S.A.

Messing arrangements and berthing space were predetermined and each individual as he went aboard received two cards to indicate where he would sleep and when and where he would eat. We learned that two meals, breakfast and dinner, was the order of the day.

For much of the night, troops continued to embark, the P.A. squawked continually, and we heard "Mr. Apothecary, report to the orderly room" for the first of many times. Just who or what this gentleman was we never learned.

All hands turned in, made themselves as comfortable as conditions permitted and, possibly, some got some sleep.

H.M.S. AQUITANIA

On the morning of the 29th sounds indicated to the seaward that we were getting underway and those who could find a space watched Manhattan recede from view. The P.A. announced that we were passing the nets and that life preservers were to be worn at all times. No explanation was necessary.

Accommodations were not of luxury cruise character but, being no pleasure cruise, were accepted with little griping. Another Navy outfit was aboard, officers and men who were to man LCG's off the Normandy coast. Taken with us, there were rather more than a 1000 Navy files aboard — but there were over 7000 Army and we never were allowed to forget it! Enlisted personnel were berthed as low as "I" deck and a continuous officer watch was required in each compartment. Clearance, between bunks, barely allowed a man to get in, much less turn or move about and lighting was insufficient for reading. Officer staterooms housed two to thirteen in a room, dependent on size. In the two-officer rooms, one could stand or sit at a time, the other had to "hit the sack," while those with larger numbers allowed more to stand but none to sit. Officers were berthed on "B" deck, the nurses segregated (under Army guard, of course) on "A" and they were crowded equally. Further, the nurses were allowed their quarters, the weather decks and the Lounge and Library only. They could not go to other parts of the ship but could, and did, stand duty in the sick bay as did most of the medical officers.

For the crew the covered decks, and for officers the weather decks, were the only places for air and exercise. There was more room on the weather decks but they were also colder and on neither was there any place to sit — had anyone wished to do so. The number of officers, reduced a

third, would have crowded Lounge and Library. As it was, a sardine would have had claustrophobia!

During daylight there was fresh air but no heat and the Atlantic in January is not balmy. After "darken ship" there was no fresh air and such heat as was present came from animal sources. With the ship "buttoned up" the aroma was reminiscent of a zoo.

For officers the two meals daily were fairly good, for the men less good. The two were adequate as part of breakfast could be hoarded and supplemented by canteen candy for noon. Then there were those who lost interest in eating, and a few who lost interest in everything, as we struck a 48 hour stretch of heavy weather.

Once or more daily "Action Stations" sounded and all hands assembled in passageways and by directions, which seemed to change each time, were moved, on the double, up ladders to what was termed (facetiously, it is presumed) boat stations. It was evident that there were boats to accommodate only a fraction of those aboard. The nurses, quartered on "A" deck, were the last to leave quarters and proceed to the boat deck. These drills served useful purposes as fresh air and exercise for all hands and the consumption of time. Possibly lives might have been saved as a result had we encountered disaster.

Fortunately, we were not threatened until the day before making port. At about noon, just as drill was secured, "Action Stations" sounded in earnest and was followed immediately by A.A. fire. Three Jerry planes were overhead. One was believed to have been hit and all disappeared. Evidently their mission was reconnaissance only. Personnel were held in berthing quarters for the next four hours but the anticipated attack did not follow. We would have been a rich haul for the Nazis.

A fast ship, the Aquitania did not sail in convoy but took off alone. There may have been a distant screen but, if so, it was not visible. What courses were followed we do not know but it is believed that we passed not far south of Greenland and Iceland and, in any event, we entered the Irish Sea from the north. During the evening of February fifth we made a mooring off Gourock, Scotland.

About midnight, boarding officers informed us that the nurses would debark and proceed to London on the sixth and the remaining personnel would remain aboard until the seventh and then proceed to Londonderry, Northern Ireland. "Scuttlebutt" soon had it that our destination had been bombed out and tales of the destruction in Southampton were circulated — not too greatly exaggerated we were to see.

So on the sixth, under charge of Lt. (jg) Leopold, the nurses departed while we spent the day in drizzling rain looking toward the beach and watching the lighters move away with the other Navy unit and the several Army outfits. That night we were less crowded and the air was better.

We were to disembark on the seventh and take up the second of the three legs of our journey to join the advance party.

ADVANCE PARTY

Captain Brown and his party made passage under conditions similar to those just described, landed on January twenty-eighth and by the "Ghost Train" moved on to London. On the thirtieth he and Captain Miller arrived in Netley. Some three weeks earlier the Army 28th General Hospital had taken over from the British and one can well imagine their state of mind on being informed they were temporary tenants. It is said that the Colonel, on being informed by Captain Brown that the Navy was to move in, commented,

"Well, by God, you can have it." Just what he meant we were to appreciate.

Others of this party arrived during the next few days and took advantage of the dubious comforts that existed. Miss Heck remained in London to greet the nurses who arrived there on February seventh.

Telephonic communication between NOB, Londonderry, and Captain Brown resulted in the decision to move personnel to Netley in three movements. The first group was to arrive on February thirteenth.

Between January thirtieth and February thirteenth, Captains Brown and Miller and Ensign Breathwit established temporary headquarters in the old family hospital, which had the virtue of one warm room, and familiarized themselves with buildings, grounds, and the physical state of the establishment.

Thirteen officers and seventy-five men arrived on the thirteenth, cold, hungry, and fatigued; on the nineteenth a second group and, on the twenty-sixth, the last group arrived. The last was less hungry but colder than the first.

Between the seventeenth and the twenty-second the nurses arrived. Thus on the twenty-sixth the unit was assembled and ready to take over.

Army personnel moved out as the Navy came in and assumed the several duties. It was arranged that Snag 56 (we still had no other designation) would relieve on February twenty-eighth but the log indicates that a Navy watch was established on the twenty-second. Significantly, the O.D. on that date (Lt. Comdr. Sharp) records an alert between 0023 and 0124. The patient census was 325.

BEACH HILL CAMP, LONDONDERRY

We came ashore at the Midland Railway landing and moved immediately to our train. For most of us, this was the first view of European coaches. The initial favorable impression was soon modified when it became apparent there was no heat and that, being non-corridor stock, there were no toilet facilities. Since formation aboard ship was at 0745 and since we were not to reach Stranraer Harbor until 1455 an immediate problem presented. The RTO informed us, placidly, that we would stop for 23 minutes at Ayr and the problem thus would be met. We did not stop and the problem was met individually as we passed through the countryside. Some of the officers will recall also that Captain Weiland regaled a compartment with stories of the breeding habits of sheep and other lore from animal husbandry. Arriving at Stranraer we moved immediately to a waiting packet and made a very rough passage across the Irish Sea to Larne. "K" rations were consumed for lunch on the train. At Larne we were conducted, in the dark, to what the British term a "rest camp" (who said they have no sense of humor?) where tea consisted in war-time sausage, potato, and bread without butter. The MP assigned to guide the officers to the camp did not know the way and marched them three miles in the dark to reach the area which was only a half-mile away. We thus fell behind schedule which resulted in delay in train departure and we finally reached Londonderry at 0200 on the ninth. By this time we were thoroughly cold, a state we were to come to regard as normal as time went on. It was not a question of whether or not one was cold but rather of how cold.

By this time an acute distaste for the RTO and its works was established. Cold, tired, hungry, and a little angry, our

troubles disappeared as soon as we had detrained for we were given a hearty welcome by Captain H. R. Holcomb, U.S.N., chief of staff to Commodore C. C. Baughman, NOB, Londonderry. We found we were not exiles doomed to wander in the British Isles and were transported efficiently to Beach Hill Camp where chow was ready. Warm Quonset Huts gave us sleeping accommodation and the word was passed to remain "in the sack" as long as desired. But one must not forget the baggage detail one of whom is quoted. "At the Beach Hill Camp we were treated to a bowl of hot soup, coffee and sandwiches which really hit the spot. 0300 saw us all abed in the Quonset Huts where we had been led, stumbling, through the dark. After two and a half hours of rest we were awakened to be informed that we had been honored by being selected as a baggage detail. Ho, hum! Ireland was getting to be a tiresome place." But again, "Ah! that chow hall!!! We still use that as the basis for comparison for all Navy chow, it was tops."

This first pleasant impression of Beach Hill proved to be correct. The spirit seemed to be "What can we do for you to make your brief stay pleasant?" We maintained our organization, a hut was provided for an office and there were good sleeping facilities, warmth, and showers. Duties were not onerous, transportation was generous and liberty adequate. The "Irish Marines" under command of Colonel S. Ladd, U.S.M.C. were particularly cordial and also provided military instruction. Captain B. P. Davis (MC) U.S.N. and his officers at Creveagh also did much to make the stay pleasant. There was opportunity to visit the ancient city of Londonderry and to see something of the lovely, verdant, though moist, countryside. Again a quotation from a pharmacist's mate will record this phase of the movement. "The increasing light showed Ireland to be a series of rolling hills which

were cross-hatched with the brown of the newly-plowed earth in the small cultivated areas and the dark green of the wooded patches. Hedge rows outlined each field with a ribbon of green. Little space was wasted, roads were crooked and narrow and were little traveled except by pedestrians, cyclists and the Irish two-wheeled cart drawn by the tiny donkey who was always overshadowed by his burden. On entering Londonderry one finds the streets are crooked as are the country lanes, houses crowded and pressed in on the streets. The town looked old and compact, a maze of chimney pots, each building has chimneys enough to daze a Yank. We couldn't figure out what they needed them all for — how could we know that each room has its own fireplace. All was interesting. We looked at everything with special attention to gals and pubs. Age was the impression one received from the buildings. The old Wall which inclosed the city in the days of the Irish-English wars was still intact. The town just expanded around it. Here, history reached further back than we were accustomed to. On this wall an old Irishman told me its history and the story of the siege when the population was reduced to eating rats or nothing. He even told me that the wall had cost 800 pounds to build, now it would cost thousands of times that. My respect for the community and Ireland grew as my knowledge of its history and people increased. Londonderry and North Ireland was an interesting experience for all, each 24 hours one could rely on a pitch black night and one or more types of rainfall. The country was green and one continually ran across late fall or early spring flowers in bloom. The mixed pine and hardwood timber was a surprise, some of the giant beeches and thick-set old oaks were really unexpected."

There is more that has been said and written of this pleasant interlude but it was, after all, a phase in the movement

of Snag 56. Individuals will recall happy experiences and in doing so perhaps forget the next and last leg of the journey.

Orders were received, and the first group turned out at 0530 for a good breakfast, mustered in the dark, loaded personnel and gear on trucks, and were off to the train. Thanks to Captain Holcomb, sandwiches and hard boiled eggs accompanied us. By this time, the officer in charge had developed a deep sense of suspicion of all that was involved in transportation and determined that rations be husbanded — an idea which turned out to be good. The train left at 0825 and, by daylight, we retraced the way to Larne and crossed smoothly to Stranraer. During the early afternoon passage one half of the sandwiches and eggs were issued. Again we went to a rest camp, this time for dry bread and tea, left the area without regret and at 2100 entrained for London which we reached the following day at about 1400. The second half of the sandwiches and eggs provided breakfast and lunch. There was no, repeat no, heat on the train and this was February in England! There were no bunking facilities.

From Euston Station we went by truck to Waterloo where a very decent tea was provided by the British Red Cross and we boarded another train for Southampton. There, after dark and in the cold, we waited on the platform for still another train which occupied thirty minutes in making the six mile trip to Netley. Mr. Breathwit met us and guided us to the hospital where we arrived about 2230 and were greeted by Captain Brown and by chow. Afterwards we turned in without having been able to see our surroundings and, with heavy underwear, wool socks, and animal heat, eventually took the chill off the "sack." Remembering that the last group was less hungry, but colder, the experience of the first may be considered typical of all.

So the last leg was accomplished. Snag 56 had arrived and all we had to do was to "take over." Oh! Yeah!

NAVY NURSES IN LONDON

On January twenty-ninth, Miss Heck arrived in London and inquired for her reservation. The clerk replied "Miss Heck? Sorry, no reservation." Then, looking up and seeing her shoulder boards, he said, "Are you Lieutenant Commander Heck? If so, we have a reservation for you with Lieutenant Commander Nussbaum." To this Miss Heck replied that the arrangement would be satisfactory to her but she could not speak for the gentleman and was not familiar with the regulations of the hotel! A room was found for her where she stayed until February seventh when the other nurses arrived.

Gourock to London was an overnight ride for the nurses, sitting in an unheated and, for most of the night, unlighted train. Doughnuts and coffee were served by the Red Cross. The party was met by Miss Heck and transported in trucks to #10 Charles Street, the Red Cross Club. A most cordial welcome awaited them and the rooms, while not really warm, were less cold than those in the London hotels. Beds were clean and comfortable and attractive lounges were available. There were laundry and ironing facilities, a real comfort to the ladies who had been living from a suitcase for eleven days and were to continue to do so for another two weeks. Hairdressing appointments had been made and there was mail!

The first day was spent in unpacking, bathing, hairdressing, laundrying and rest. Few thought they would leave a warm bed for the dance scheduled for the evening. The warm reception by Mrs. Anthony Drexel Biddle, curiosity,

and youth won, however, and the dance was well attended and a great success. We are told that old acquaintances were renewed and new ones made. Judging from the visitors who later came to Netley, lasting friendships were established.

The days that followed were full ones and most pleasant due to the planning of Miss Heck, Mrs. Biddle, Lady Mon-sun and other British Red Cross ladies. Each day a schedule of places to visit allowed a selection, and groups were made up to go by taxi, underground, or rail. The Tower, Parliament, Westminster and St. Paul's were seen. There was time to visit the shops, see the bomb damage, and to dance and be gay.

Of special interest was a trip to Eton where tea was served in the "Tuck Shop." We do not know whether the nurses were more interested in the boys or the boys in the nurses. Americans in uniform were no novelty in the United Kingdom but these were the first and only American girls in Navy blue to be seen. There was great interest wherever they went, news photographers were in evidence, and the papers in America carried the word that the Navy Nurses had arrived safely. These news articles gave the first word to families of all personnel that we had accomplished the Atlantic passage.

A London fog, air raids, and friendly overtures from the people were additional experiences. The points best remembered were Mrs. Biddle's tea with Admiral Stark as a friendly guest, the dances, the trip to Eton, and the visit to the Royal Naval College in Greenwich and the lovely tea there.

The interlude was pleasant but there was curiosity to see the hospital, the wish to rejoin the outfit, anxiety to reclaim the foot lockers which had not been seen since Lido, and a desire to begin the work the nurses had come to do. London

was bade adieu and, in groups, the trip to Netley, via Southampton, was made.

THE ROYAL VICTORIA HOSPITAL, NETLEY, HANTS

The foundation stone of the Royal Victoria Hospital was laid by Queen Victoria on May 19, 1856, as a result of a visit paid by Her Majesty to the Crimean wounded in Chatham Military Hospital in 1855. At this visit, according to the Illustrated London News, she was led to declare that better accommodation was "absolutely necessary." When the stone was laid she said "(the hospital) is to bear my name and be the finest in the world." This ceremony was accompanied by much pomp, the Queen arriving aboard the *Victoria and Albert* which was escorted by the *Fiery* and a flotilla of gun-boats. She descended into the State Barge, accompanied by His Royal Highness Prince Albert, the Prince of Wales, the Princess Royal and attended by the Duchess of Wellington and the Honorable Mary Seymour. The landing was made at the Queen's Stairs the remains of which can be seen today near the Southampton Gate. On the platform Lord Panmure presented the ex-Mayor of Southampton, Mr. J. T. Tucker, and after an address by the Town Clerk Her Majesty replied, "I thank you for your loyal address, and receive with much satisfaction your assurance of attachment to myself, and sympathy in the welfare of my brave soldiers and accept the deep interest evinced by the Corporation of Southampton in this day's proceedings as a token of their determination to forward as far as is in their power this national work." The Queen then drove in state through the grounds, retired into a marquee erected for her reception, and then reboarded the Royal Yacht and left for Osborne. Throughout her life Vic-

toria maintained great interest in the hospital, visited it frequently, and worked with her own hands a coverlet with the royal crown and V. R. I. 1882 embroidered in a corner. This was used for the seriously ill.

The hospital is situated on the northeast bank of Southampton Water at Netley, Hants, five miles below Southampton and about eight above the Solent and Isle of Wight. The reservation, of some 200 acres, extends along the water for about a mile and looks toward the New Forest on the opposite shore. The stream at this point is about two and a half miles in width and is a tidal river formed by the union of the Itchen and Test. It is sufficiently deep to permit passage of the largest ships. Extensive docks and hardes at Southampton and shipyards in Woolston can be seen in the distance. Immediately adjacent are the towns of Netley, with an ancient abbey partially standing, and Hamble. The latter, in peacetime, is a rendezvous for yachtsmen who moor in the Hamble River and sail the Solent. Cowes, the place of the famous regattas, is nearby. Small steamers ply the waters from Southampton to supply the Isle of Wight. Portsmouth is about twelve miles away.

The area is a wooded park with great oaks, poplars, horse chestnut, pine, and other coniferous trees. These with elms line the avenues leading from the Southampton and the Hound gates toward the several buildings and along the waterfront. Shrubs are luxuriant and larger than commonly seen in the United States, rhododendrons and a vivid holly being the more common. A number of the buildings are ivy covered. There are lawns, flower gardens, a large playing field, tennis and badminton courts. A six hole golf course had been abandoned.

The principal building (Central Block) parallels the waterfront some two hundred yards from it. It cost £350,000 and

seven years were occupied in its construction. Originally intended to accommodate 1080 patients, changes reduced the number to 978. The first patients were admitted on March 11, 1863. The building is 468 yards in length, three storied, and of red brick, faced with Portland stone, with plinths of Welsh granite all along the basement. The surface area of the building, with service quarters arranged in courts behind it, is 598,923 square feet. A stone floored corridor runs along each floor in front to give access to 144 wards, serving kitchens and Sister's Duty Bunks. On the water side the corridors are almost completely lined with windows reaching from floor to ceiling. Six staircases give vertical access to the three floors. Eight wards, only, have southwest exposure and are well windowed and cheerful. The remaining eighty-one wards are on the northeast and receive little light and sun. Administrative offices, a Cinema, Nurses Quarters, Sick Officers Quarters and the Royal Chapel are in the central area. The western wing contains a Catholic chapel, wards, and an operating theatre (third floor), while the eastern contains additional wards and an operating theatre (first floor). Behind are boiler rooms, two galleys, mess halls, store rooms, and barracks. The wards on the northeast were intended for nine patients and are paired and joined by toilet and utility facilities at the back and separated in front by Duty Bunks or Serving Kitchens. The southwest wards for twelve to fourteen patients are single and there is an office adjacent to each.

Queen Victoria and Florence Nightingale are both known to have worshiped in the Royal Chapel. This is of mid-Victorian design and with its gallery will accommodate about 900. A three-light, semi-circular, stained glass window above the altar represents the Ascension. On either side of the altar hang two flags, one bearing the dragon of Wales and the other the cross of the British Red Cross. These commemo-

rate the hutments erected behind the hospital in World War I for additional facilities — a Welsh and a Red Cross Hospital. The organ is a two-manual instrument built in 1876.

Heating of wards, offices, bunks, etc., was by very small coal-burning fireplaces. A steam heating system exists for the long passageways and operating theatres. Three hydraulically operated "lifts," whose rate of ascent or descent was almost imperceptible, served for the movement of litter cases.

Taken as a whole the Royal Victoria has a setting of the greatest natural and cultivated beauty, presents an imposing and pleasing façade seen best from the water, and is perhaps the most poorly designed building for a hospital that exists. It is known that the plan became obsolete before the work was far advanced and it was suggested to finish the building as a Barracks and to build another hospital on a different site. A legend, without known basis of fact, has it that two hospitals were built simultaneously, one at Netley, the other in India, and the plans were mixed and the Indian Hospital constructed in Hants and vice versa. But let us quote from Lytton Strachey's "The Five Victorians."

"There was, however, one point in which he triumphed over Miss Nightingale. The building of Netley Hospital had been begun, under his orders before her return to England. Soon after her arrival she examined the plans, and found that they reproduced all the worst faults of an out-of-date and mischievous system of hospital construction. She therefore urged that the matter should be reconsidered and, in the meantime, the building stopped. But the Bison (Lord Panmure) was obdurate; it would be very expensive, and in any case it was too late. Unable to make an impression on him, and convinced of the extreme importance of the question, she determined to appeal to a higher authority. Lord Palmer-

ston was Prime Minister; she had known him from her childhood; he was a near neighbor of her father's in the New Forest. She went to the New Forest, armed with the plans of the new hospital and all the relevant information, stayed the night at Lord Palmerston's house and convinced him of the necessity of rebuilding Netley. 'It seems to me,' Lord Palmerston wrote to Lord Panmure, 'that at Netley all consideration of what would best tend to the comfort and recovery of the patients has been sacrificed to the vanity of the architect, whose sole object has been to make a building which should cut a dash when looked at from Southampton River — Pray, therefore, stop all further progress in the work until the matter can be duly considered.' But the Bison was not to be moved by one peremptory letter, even if it was from the Prime Minister. He put forth all his powers of procrastination, Lord Palmerston lost interest in the subject, and so the chief military hospital in England was triumphantly completed on unsanitary principles with unventilated rooms, and with all the patients' windows facing northeast."

Also situated on the reservation is the ivy-covered, grey stone officers mess, the Coppice which is a twelve-room house for the commanding officer, Married Quarters, and "D" block. The latter is a mental hospital surrounded by a brick wall behind the main hospital. The most recent addition is "E" block, a modern series of single-floored, brick, connected buildings which accommodated British V.D. patients but became our friendly rival and neighbor the 110th Station Hospital, U. S. Army.

A small single-storied family or dependents hospital boasted a leather-upholstered, Chippendale-legged, mahogany table for accouchement.

Other buildings in various stages of disrepair were present and there was an unusable railroad siding.

Reflecting on Victoria's statement that better accommodation was "absolutely necessary" and that this hospital "— is to be the finest in the world," one can only conjecture what a military hospital was like in 1855.

UNITED STATES NAVAL BASE HOSPITAL #12

Despite the fact that we "took over" from the Army on February 28 and were designated as a Base Hospital on April first, it was apparent that there was much to be accomplished. We thought at times it would have been better to close the Royal Victoria and erect a mobile hospital on the playing fields. The terms of agreement stated — "subject to the following reservations — only serviceable stores will be handed over." Little was handed over and the serviceability of that was open to question. In addition to disrepair, lack of heat and lighting, there was insufficient messing gear, only one galley was in commission and smelled dreadfully, the semiclosed spaces behind the "Duty Bunks" were filled with cartloads of trash, discarded dressings, etc. One anesthetic apparatus could not be used, the second had many leaks and mechanical defects. There were only two knife handles, little suture material, very little alcohol, no distilled water, no sulfa compound for intravenous use, and only thirteen units of plasma. Sufficient tubing, glassware and needles to give infusions were not at hand. Instruments were antiquated, mechanically defective, and dull. There was insufficient linen, few hospital type or surgical beds, and, for some weeks, no x-ray film or codein. But there were 325 patients with a steady flow of admissions thereafter. Materiel supply was a problem. First we were told that the U. S. Army would supply us with anything we did not have to equip a 1000 bed general hospital. Thus we had to find out what we

had, identifying instruments without a British catalogue and surveying most of them. Then, without an Army T.B.A., we had to prepare requisitions without the typewriters, paper and carbons necessary. One can't fight a war without typewriters! Finally, the Navy was to supplement the Army equipment but the Navy Medical Stores in Exeter was then on paper only. Eventually from these sources and from the hospital at Creveagh we were well supplied although we were still making up deficiencies in June! Mr. Vizard and Mr. West had a difficult job, as did the Chiefs of Service, in procuring equipment and supplies. Before "D" day we were well equipped and, before that, managed to take care of over 1500 patients without a patient suffering.

Mr. Moose and his Commissary crew had to clean thoroughly the galley and storerooms and procure Army rations by truck from Portsmouth, twelve miles away. The First Lieutenant, Mr. Haralson, had his troubles. One little item was to raise and take down 600 wooden black-out screens, in the long passageways, each day. Then there were the lifts to be repaired, lockers and other furnishings to be made, painting, plumbing, installing space heaters, setting up ice machines and hundreds of other maintenance and construction operations.

At first without typewriters, forms or paper, Mr. Breathwit in Personnel and Mr. Schuster in Medical Records had to handle the paper work of British and U. S. Army and Navy, Coast Guard, Merchant Marine, and civilian patients.

Dr. Kearns, Mr. Nash, and Mr. Louder were responsible for security against fire, air raids, (later buzz bombs), gas defense, liaison with British bomb disposal and A R P, for the disposition of the guard and for intelligence. It must have been an interesting but sleepless job.

Mr. Hilbinger had to provide details for wards, special sec-

tions, maintenance, commissary, transportation, records, personnel, security, an armory, Chaplain and Red Cross activities, barbers, storekeepers, M.A. crew, paymaster staff, mate of the day and assistants, color guard, stewards and heaven knows what else in the face of constant requests from all sides for more, or different, or better men. And then he and his crew had to censor the mail of over 700 staff and patients ranging up to 900.

Transportation, as vehicles were acquired, was efficient. Exeter, Bristol, Portsmouth, Portland, Shaftesbury, Basingstoke, Southampton, Salisbury, Winchester, Glasgow, London, Liverpool, East Grinstead, Bournemouth — Oh, well! Mr. Wallace, your men saw the U.K., but did you?

Perhaps the most acute problem was simple cleaning alluded to later in a chapter by a Navy Nurse. It is kinder not to go into details, but suffice it to say that the Royal Victoria in March and the Navy Base Hospital in May looked and smelled quite differently.

The Seabees were of great help and also good shipmates. Later they discharged their duty honorably on the beaches and we were glad to learn their casualties were light.

By an all hands effort the hospital was cleaned, equipped, heated, lighted, patients were cared for and recreation provided. Chow was improved. Religious and social services were provided. C.D.R. and the operating theatres were stocked and the plaster room ran efficiently.

On the third deck an N.P. unit was established, Surgery V and VI, Dental, G.U., EENT, a medical library and a good operating suite were developed. On the second, Burn Wards, Medical I, II, III, and IV and SOQ functioned. On the first deck Orthopedic (Surgery I and II), a plaster room, two chapels, the Shock Room, the triage facility, another operat-

ing suite, CDR and Surgery III and IV were arranged as were the Administrative offices.

All this was not accomplished without hard work — you know how — you were there!

A tall, taciturn figure walked the decks at odd hours and an unperturbed, poker-faced officer sat at a desk or roamed the reservation. Both listened during working hours, meal-times, and sometimes well into the night to the wails and laments of the Chiefs of Service. Both had little to say but the C.O. and the Exec stood behind these Chiefs, never once told them off, accepted the burden, and did the final fighting or exercised the final diplomacy. Ultimately the responsibility was theirs; if we have cause for pride the credit belongs to them.

SNAG 56 AT NETLEY, HANTS

As Seen through the Eyes of One Navy Nurse —
HELEN PAVLOVSKY

"The Royal Victoria Hospital — this the most famous of our older military hospitals, was opened by Queen Victoria in 1863. Architecturally, the building which cost close to a half-million pounds and is in the Italian style, has been freely criticised; but its vast size makes up in impressiveness for the lack of taste in design. The extreme length of the façade, probably the longest building in England, is a little over a quarter of a mile."

This was the place we were to occupy — this mansion before us, in all its impressive splendor, its huge trees and its vast lawns; standing here beside the water; was to be the site of our future activity. After our gaiety in London, all our energies and emotions turned eagerly toward whatever might be necessary; as yet we knew not what that meant.

All we had was the will to do, and with that we were heavily armed.

But we were so tired; travel-weary, cold and hungry; that just to see the smiling welcome of our chief nurse as she awaited our arrival, was balm to our weary bodies. We knew all would be well.

The Army was still here, for they had taken over from the British until our arrival, and were to leave shortly after we became oriented. We entered through an old door that opened inwardly, followed by a long trek up four flights of dimly lighted stairs, with a suitcase in one hand and all hope pointing in the direction of a bath. We could appreciate, in one full glance, the obvious neglect of this antiquated, high ceiled, strangely constructed place. But with food and a clean bed, probably made by our chief nurse, we were thankful to be here at last. Life had been good to us thus far — we had not been touched by the London air-raids; and here we were all together again as a unit. We had a job to do!

It was with this strange, confused mixture of emotions; weariness, awe, disappointment, hope, and sheer joy and thankfulness, that I found myself heading down an immense corridor, so cold and unfriendly, to look for the chapel and to find out the time of the masses. Finally, at the foot of what seemed to be a never-ending darkened passageway, stood the dearest little chapel, set apart and so cosy, it almost didn't belong here. You wondered how it found its little nook in among all this vast, cold, immensity.

The next morning found us on the wards where we met our medical officers for the first time since we left the ship. They had gone to Londonderry during the time we were in London. It was truly good to see them at last, and that feeling of gladness seemed mutual. After being with strangers constantly, most of which were either Army or British, it was

such a privilege to be again with the Naval Officers of our own unit. Again that feeling of security prevailed, fortunately; for what we had found on the wards was obviously crying out to us for attention. On every hand was work to be done, and we hardly knew where to begin.

The usual hospital atmosphere was absent. The corridors and wards were icy cold. There was no means of obtaining heat except from a two-foot square fireplace which burned blocks of coal. These were made from powdered coal dust and oil, compressed into block form. Whenever you remembered to look, they were out, either from lack of fuel or because the fuel would not burn. It was against the law to burn wood, and we were constantly being told to conserve fuel for tomorrow we might not be able to get any. The first bed, and perhaps the second, managed to keep warm; how the others fared must have been by the grace of God alone. But they were practically all British patients and used to cold weather. They spoke of their homes which were often entirely without heat, and felt that what they were getting was adequate.

The bed linen was soiled, what there was of it, for many beds were entirely without; and the patients themselves needed baths and clean clothes. We had practically nothing with which to work. Those days of improvisation left not only an ineradicable impression on our minds, but served as the beginning of a strong attachment to this old place; which already seemed like ours, for we were rebuilding it. We all scrubbed and cleaned everything we saw; patients, beds, equipment, decks and bulkheads. We had to work hard to get our ship in commission.

The wards were scattered over a large area. Several wards to a service required leaving the "Sister's Bunk" and penetrating the darkened, icy corridor. This was increased in

gloom by the blackout shades and green lights, where you listened to the howling of the black cats and could practically feel the presence of the Gray Lady.* We dared not move without a torch or a corpsman, for it was when you were alone that she crept up behind and tapped you on the shoulder. The Gray Lady was probably Queen Victoria herself, who couldn't rest after the Americans came, and therefore walked the decks at night to observe and protect. (I have yet to see her, though I worked nights.) In the central part of the building is a museum, which has not only stuffed birds of every feather, but Queen Victoria's wheel chair and shawl. The museum, the Gray Lady, the black cats, and the nightly air-raids all seemed to form an integral part of the atmosphere.

Our patients, being practically all British and not knowing our methods or our purposes, watched and waited without a word to see what was next on the agenda. It was more than difficult to get them to talk; and having very few records and practically no histories on them, we had difficulty getting information. Our tolerant, open and sincere approach convinced them that we were only trying to help them. Thus we were able to obtain their cooperation, even to getting them to bathe frequently. I am reminded, here, of the paper shortage, and how notes and histories had to be written on any scrap of paper available; including backs of envelopes. The nurses bought little writing pads to use for records, but they were few and far between. There was no paper to be had.

It was on night duty, however, when all the noises of the

* Another version of the Gray Lady legend is that she is the ghost of a remorseful volunteer who, while on duty with a dying patient, fell asleep. On awakening to find him dead she threw herself from the clock tower, and returns to walk the wards when a patient is critically ill. — Ed.

day ceased and the throbbing pulse of activity was allayed, that I learned to know the thoughts and reactions of some of my British patients. They were under the impression that the personal questions asked by the doctor were merely morbid curiosity and had nothing whatever to do with the present illness. After much explanation and reassurance, they began to appreciate the thorough and personal interest they received on every hand. They didn't even complain too much when they were given fruit juice instead of tea before breakfast; and when they called us Sister, they were really being polite.

At the foot of every bed hung a gas mask and helmet, which subconsciously held the attention of every patient at the first sound of the air-raid siren. Most of them lay quietly in bed, faces motionless, listening. Sometimes one would get up and pace the floor; sometimes they'd ask for things, little things like a glass of water or a cigarette. Mostly they were mystified at the lack of display of emotion on our part, and felt that we just did not know what it was all about. It took superhuman effort to show them that we were concerned and would take care of them, even though we had not seen all the horrors of war that they had. It was not necessary to become upset to realize and recognize danger. Thus it was, slowly but surely we were gaining their confidence.

The English countryside held a great fascination for us all, since we were anxious to broaden our horizon. A means of finding the heart of a neighborhood, stopping to talk with the folk, and learning to know them as they are was provided by the bicycle, which has become one of my very best friends.

Hampshire county is made up of various parishes, which in turn are divided into hamlets. It is these little hamlets that are so obscure and such a thrilling delight when out

cycling. A suggestion of mystery just beyond the immediate vicinity, often presents itself in many forms. It may be that little path on the right, enclosed from above by a hawthorn arch, passing over a narrow rustic bridge and leading down into a valley. What a thrilling surprise, when at the foot of the steep incline lies a quaint little hamlet with children running about, a little old church with its bell still ringing, and the rose bushes and flower beds in every yard. It might be that home with the thatched roof called "The Bend of the Road," the old-fashioned wooden pump, or the wrought iron fence, that attracts attention and makes you pause awhile. Or, perhaps, it was the little "Rose Cottage" with its shiny metal knocker, thatched roof, beautiful rose arbor, and dear little old lady who stepped out and sweetly inquired, "Would you like a rose?" It is also pleasant just to ride along the flowery blossoming countryside, with its various shades of color and ever-changing sky; for it never ceases to be a scenic delight.

Netley Abbey and Castle are within walking distance from the hospital. All about us, on every side, were military activities of import; namely, the Spitfire factories, landing fields, Army Training Stations for men and women, an oil depot, ammunition dump, and within cycling distance are the shipyards of Southampton.

Our first days here showed little activity, and we were allowed to travel as we pleased. Highways were open to public use, and we were able to go as far as the twenty-five-mile limit. The fighter pilots from Beaulieu invited us to attend their dances; we were entertained by the many Army facilities near by, including a visit to the rest home at Rumsey. It was here that we first observed the unusual figures formed by cutting hedges in interesting patterns; growing fruit trees by espalier; and the Japanese tea house completely built of

glass. We were able to visit Lord Swaythling's estate and spend some happy hours glorying in the exquisiteness of nature at its best. The English people seem to have an innate love for things beautiful.

Bournemouth, a modern and perfectly charming vacation resort, was first on our "must" list to visit; our bicycles were a part of the equipment we took with us. It was here that we began to notice an increase in the military activity going on about us; movements of tanks, trucks, and troops. We carried our gas masks and helmets with us.

At the hospital we attended lectures on chemical defense. Surgical teams were organized and the medical men were to treat shock and burns. U. S. Army guards patrolled the reservation. The British had no armed guard here, and the reaction of the patients was interesting. They felt that since bombs had fallen right up to the gate without disturbing their privacy, we were giving Jerry a direct invitation to bomb this place; for we no longer respected his trust.

An interesting trip made at this time was to Portsmouth to visit Lord Nelson's Flagship "Victory." We were still allowed to travel, if we had the time off, and many of us were able to visit Salisbury, Basingstoke and Winchester. The latter is known as the city of kings, and harbors Winchester College and Cathedral, the longest cathedral in England. King Arthur's Round Table is found in the castle which is now used as the court. The judge still wears his big white wig and gray cloak with the red lining. The associate judges wear black cloaks and white wigs and all the bobbies stand at attention as they pass. It makes you feel like a page in history.

It was the first of April when the ten-mile war belt came into effect, and all the time the evenings were becoming longer and blackout time later. Since Southampton, Netley

and Hamble were about the extent of our possibilities of travel, we had to look homeward for entertainment. Soon we were to have a midnight curfew and could only be off the reservation four hours at a time. Our officers had dances to which we were invited; Easter Sunday brought forth a buffet supper at the nurses' quarters, and we opened up an officers club where one could bring friends to dance, eat, drink, and play ping-pong. Tennis and badminton courts were laid out and a baseball diamond was cleared. We were permitted to go aboard LST's and His Majesty's Ships for dinner, leaving directly from our pier. Packages from home helped keep up our morale, and we had movies and USO shows for the patients and staff. With a little ingenuity, sufficient recreation could be found.

On May first, at 1500 hours, we raised the first colors of our unit. The flag was immediately lowered to half-mast, and a two-minute silence was observed for the death of the Secretary of the Navy, Frank Knox.

And all the time the throbbing pulse of war came nearer and nearer. Certain vital roads were shut off for military traffic. Trucks, tanks, supplies and troop movements were increasing in tempo. Activity was all about us, and one subject was uppermost in everyone's mind; the Invasion. We felt a tense, stirring excitement as squadron after squadron of planes roared overhead, directly over us, and onward toward Calais. Pontoon bridges were being built and transported, and the amount of shipping on Southampton Water increased daily. There seemed to be a significance in the steady stream of tankers, barges, LST's, troop transports, and Liberty ships; loaded to the brim, carrying one and sometimes two barrage balloons. One day a hospital ship came into full view. Those pre-invasion days carried a tension peculiar to the preparation and waiting that goes with war.

The patients we now admitted possessed vital information concerning the Invasion, and had been "briefed." No questions were to be asked, they were to talk with no one, and they were isolated from all save those directly responsible for their care.

On June fourth, we heard the midnight broadcast announce the fall of Rome. Two days later, the Germans released this announcement: "The Americans have started their Invasion."

We evacuated all our British patients to make room for casualties. Some thoughts running through our minds at this point were those of insecurity — "Are we ready to handle the situation?" and "Can we give those fellows what they need?"

The first days after D-Day caused a lull in everything. Empty beds were ready; doctors, nurses, and corpsmen waited; all activity on the water front ceased; a deadening silence seemed to settle in the atmosphere and press heavily downward. In the hush of the evening, if you went outside and listened, you could hear the cannon-fire from the direction of France. It wasn't long, however, before the results of the Invasion were obvious, as LST's and hospital ships returned, bringing the wounded with them. Never before did I realize the horror of war surgery as exemplified by removal of shrapnel and bullets, debridements, excision of large amounts of young healthy tissue that had been exploded, compound comminuted fractures, craniotomies, gas gangrene, and amputations. It made your heart ache for these young American boys whose sacrifice made ours look insignificant.

The fine spirit portrayed by these fellows was truly remarkable. Their cheerfulness and adjustment to their infirmities shall not be easily forgotten.

We worked hard when the casualties arrived, day and night. No one thought of giving up or even taking time out for chow. Food was brought to the stations of duty and we ate when it was convenient. Rest was a variable factor, finally being allotted by order. The patients had been living on K rations for six or eight days and were exhausted; food and rest were highly indicated in their early treatment. This was our first influx of casualties, and we were proud of the way carefully laid plans materialized. Following improvement, these patients were evacuated by hospital train, making room for further casualties. There were times when one could observe simultaneously, a hospital ship lying off our pier, a hospital train on our siding, and ambulances on the roads.

The previous nightly reconnaissance and bombing raids by Jerry now ceased only to bring forth a more deadly example of his fiendish ingenuity. The pilotless planes or buzz bombs were made a reality for us on the twenty-fourth of June, when our first one was experienced. The reaction is always the same; everyone automatically waits for the motor to cease, and then a breathless pause of about thirty seconds until the explosion is heard. Someone has again become a victim of this scheming German hatred. On July eleventh we had our first continuous all night double-red alert.

I'd like to mention here the bravery and the courage displayed by the English people. When they are bombed out of their homes, they salvage what they can, again picking up the few remaining threads of life and bravely carry on.

What now of Snag 56, this glamorous little unit that brought the first Navy Nurses to the ETO? Our sentiments toward it have certainly grown. When its tour of duty is completed and it is piloted back to the States for dissolution,

we'll probably feel as Holmes felt when they "tore the tattered ensign" off the Constitution.

"Carry on, then, brave Ship of State
In this our great endeavor —
That wherever or when our task is done
We've gained Victory forever."

PREPARATION AND PREVIEW

Was "D" day in April, May, June, or July? We did not know but the density of the shipping, the frequency of alerts, the heavy A.A. fire all suggested that we might at any time be called upon to receive casualties in large numbers. Would we be, could we be ready? The problems of supply and maintenance have been mentioned. There was also organization and training. It was evident that, under pressure, the surgeons would be fully occupied in the operating theatres and in the surgical and orthopedic wards. This left the sorting of casualties and the conduct of the care of burned and shock patients and of the medical cases to be covered. After conferences, arrangements were made that the triage would be carried out in the passageway on the first deck by the Chiefs of Medicine and Surgery, the Psychiatrist, the Hospital Corps Duty Officer and a special crew from the O.D., Record, and Personnel offices and that litter bearers would be non-medical personnel. SOQ, Burn, and Shock wards were accepted as a medical responsibility and from this stemmed medical, surgical, and orthopedic SOQ, "23," and "51" and "52."

There were six qualified operating room technicians in the complement. A school was established and instruction given to an additional twenty corpsmen. A course in Anesthesia

for Dental officers and Nurse Corps Officers was also developed and we finally could activate eight operating teams, simultaneously, each with surgeon, assistant, anesthetist, and corpsman and with sufficient nurse supervisors and circulating corpsmen. Instruction of corpsmen in the shock and burn wards was carried out and teams of medical officer, nurse, and corpsman arranged. On the other wards instruction in technique and the use of equipment was given. Drills, some in cooperation with Follands Aircraft, were held until the "bugs" were eliminated, all hands could be called to action stations and all had learned their duties.

The number of Dental, Hospital, Supply, Chaplain, and Nurse Corps officers and of the enlisted personnel did not change. On March 28, five additional Medical Officers reported for duty, on April 21 Commander Churchman arrived, and later three additional Medical Officers were assigned for temporary duty. So there was a maximum of forty-two doctors, ninety-eight nurses, twelve Hospital Corps officers, four Dental and two each Supply and Chaplain Corps. There were 585 enlisted men.

On April twelfth a Red Cross Hospital Unit consisting of the Misses Georganna Tucker, Lucy Chapman, Mary-Burton Wallis, and Mildred Elmore arrived. Later, Miss Mildred Talbot was added. These ladies immediately turned to and developed the old Family Hospital into attractive and cheerful recreation rooms with an additional space in the old gymnasium on the third deck.

The railroad siding was made serviceable.

Under the direction of Mr. Poole, a recreation building for the crew was developed, athletic gear was obtained, tennis, badminton, and volley ball courts were put in commission, and with Captain Weiland he organized a softball league. The games were sometimes very good and always amusing —

particularly the series between our officers and those from the 110th.

So it was not all work. There were dances for the crew to which Wrens turned out en masse, ships' parties, officers dances and a truly lovely Easter "tea" given by the Nurses. Movies, "ENSA," Red Cross and U.S.O. shows were held in the Cinema. There were opportunities to visit Southampton, Winchester, Salisbury, and Bournemouth. The "Pub" system was thoroughly studied. The New Forest attracted some for cycling or hiking and the packet steamer to the Isle of Wight was a scenic trip. British friends were made and with them an opportunity came to observe a way of life. Medical officers visited the R.A.M.C. Hospital at Shaftesbury and the R.A.F. center for Burns and Plastic Surgery at East Grinstead. Army General Hospitals were seen and prior to the restrictions of April first, trips to London for the day were made.

All suffered from "Etoitis" in varying degree but the staff sick days were low. Several emergency operations were necessary but the staff did well. Both chapels were well attended and each developed excellent mixed choirs.

Alerts were frequent up to April first and the fireworks display was something to view. Despite instructions and good judgment, it is probable that all witnessed more of these nocturnal displays than was safe. As time passed and more flak was heard in the trees and on the roofs, and later picked up, judgment triumphed and one "stood in bed" or watched from cover.

In April, "E" boats attacked a short distance away and casualties were received. In May two men were killed outright and two others were admitted, injured by an antipersonnel bomb landed on the beach nearby. These and the many admissions from accidental wounds in May during the

briefing period, gave us a rehearsal of the show to follow. By this time woods, fields, and lanes were filled with the men and paraphernalia of war and, as the nearest large hospital, British soldiers, accidentally injured, reached us in numbers.

The Water swarmed with landing craft of all types, supply ships scarcely had clearance, "ducks" were ashore and afloat, barrage balloons were too numerous to count, and one could nearly cross the Solent stepping from deck to deck. The frequent exercises and manoeuvres resulted in constant movement of the craft and a spectacle lay before us. Truly, we had grandstand seats!

Overhead we witnessed R.A.F. and U. S. Air Forces activity increasing week by week. Now it increased by leaps and bounds. It was evident that "it won't be long now." It was June, 1944.

CASUALTIES AND BUZZ BOMBS

On June the fifth we were sure that "D" day could be no more than hours away. Air activity was intensified still further and from before dawn, through the day and the night a steady succession of landing craft, bow to stern, passed down to the Solent and beyond. Accustomed as we were to exercises, this was just too big, and the beach was littered with hundreds of shell containers. It could only mean the Invasion.

On June the sixth the Water was deserted and there was an expectant hush. At breakfast, word went round that landings had been made and, shortly, General Eisenhower confirmed this. Throughout the hospital small groups stood and listened in awed silence as his message came over the P.A. All facilities were in readiness and the autoclaves were in constant operation for the final sterilization of the supplies which had been made up.

At midnight on the fifth the patient census was 481. At noon on the sixth the first hospital train pulled in and we began to evacuate. A second train followed and these, with duty parties, reduced the census to 206, making some 800 beds available for the reception of the wounded.

On the seventh and eighth no casualties were received although the 110th was very active. On the ninth a few came in and the census was 246. On the tenth it was only 312 and we began to wonder if we were being bypassed. Shortly before midnight on the eleventh doubts were dispelled as ambulance after ambulance brought us the wounded from "Utah" and bloody "Omaha" beaches. In twenty-four hours we admitted over 400 patients, a figure we were to exceed on September sixth and eighteenth, but these were the freshly wounded in need of definitive care. The triage worked beautifully and we admitted at the rate of better than one patient per minute. "Medical IV," "G.U.," "51," "23," "Surgery I, II, III, IV," "ENT" will long echo in the ears of those concerned. On the wards the patients were put to bed, admission slips made out, effects and valuables collected for the bag room crew or the supply officers, doctors saw the patients and instituted treatment, and the four-hourly reports of evacuees were prepared. Commissary and galley crews turned out to feed the hungry and they were fed, cleaned up, treated and allowed to sleep. What a difference in appearance there was between the patients in the sorting line and on the next day!

During these early days the operating theatres were manned continuously as only the occasional patient had received more than First Aid and most were in need of definitive surgery. In one thirty-six hour period 141 operations were performed. As the doctors made sick call, lists were prepared and sent to the theatres where four to five teams oper-

ated steadily until the work was completed. Very few slept more than a few hours between the eleventh and the thirteenth and for several days thereafter it was sometimes necessary to order personnel to bed for he or she would not stop voluntarily while there was care to be given.

During June, 1838, July, 2009, and August, 1258 patients were admitted, of whom 54% had been wounded in action. Other patients were "combat" and "operational" fatigue, injuries due to accident, and miscellaneous instances of disease. British, Canadian, French civilians including one woman sniper, in addition to our own Army, Navy, Coast Guard and Merchant Marine personnel were received. On two occasions, for about twenty-four hours, German prisoners were segregated under guard and then transferred. The patients were landed on the Southampton hards, distributed by the Army, and sent to us by ambulance in groups varying from fourteen to 397.

The following notice was posted on 22 June:

"To All Hands:

The following excerpt from a letter received from Admiral Harold R. Stark, Commander of the United States Naval Forces in Europe, after his inspection of the hospital is quoted for your information:

'Back in the office today, still thinking about the wonderful work you all are doing at Netley. Of course, I needed no firsthand knowledge of this, but yesterday, to me, was really an inspiring sight.

As you know, I got not one single complaint but only expressions of appreciation and gratitude from all the men I talked to as to the treatment they had received from your entire staff.

It was evident to me that not only were the physical

troubles at once being looked out for in the most expert fashion, but also that the high morale that was exhibited could only have come about by the manner and the cheerfulness with which doctors and nurses and corpsmen must be doing their work, and which was reflected by the patients themselves.

My heartiest, and I might even say, my humblest congratulations!

The Commanding Officer congratulates all hands on the splendid showing made.

C. J. Brown

Captain (MC) USN

Medical Officer in Command"

And again under date of 11 July this dispatch was published.

"FROM: Com 12th Fleet 011327

TO: 12th Fleet

QIR GR 98 BT

The Surgeon General of the Navy has expressed his desire to personally thank all officers and members of the Medical Department in this theatre for their excellent performance on D-day and the subsequent period X He states the record established by them is one of which the Medical Department of the Navy is extremely proud X The Surgeon General extends to them a sincere well-done X This message of appreciation is heartily concurred in by myself and is to be delivered to all members of the Medical Department on ships and stations of this command."

It is difficult to measure the results of hospital care as the relief of suffering and the correction of disability or deformity cannot be expressed readily. We can state that the mor-

tality rate for all the patients was less than a quarter of one per cent and for the battle casualties only a third of one per cent — a record of which the personnel may well be proud. The exhausted, dirty, hungry, often pain-wracked soldier or sailor was transformed to a clean, rested, cheerful individual grateful for his care. These letters may be quoted to indicate this gratitude. —

"We the boys of Uncle Sam's Army wish to express our gratitude and undying appreciation for the wonderful treatment and morale building attention you have given us. It should never be forgotten.

This little thank you note is for *all* nurses, doctors, and ward boys of Ward 125."

"Dear ———

Maybe you have written letters more appreciated than the one to ——— about our son, but I very much doubt it. It changed the world for me to know how wonderfully he had been cared for, that he no longer had fever, and that he is now in Wales. If only the wounds don't heal quickly! That may be the dregs of patriotism, but I've always been more mother than patriot.

I realize that you are very busy and work under terrific pressure and that is why I think that letter was the kindest deed I ever knew. It is being put in ——— scrapbook, but would be remembered always whether we save it or not.

Gratefully yours,

—————"

"To Whom It May Concern

Doctors, Nurses and any who had the care of my son ———. He cannot praise you all enough and repeatedly told me how kind you were to him and I know that is responsible for his speedy recovery to date.

He tells me that he is in a wheel chair now. I am not much of a person to know how to express my gratitude but I hope you will know that I am thankful.

Will not bore you for I know you all are very busy people and we over here are spending lots of time praying for the lot of you and hoping the whole conflict will soon be at a close.

Mrs. ———"

"Thanks

Williams, Mrs. Williams and son, Driver L. A. Williams, 12 Thomas St. Penygroig, desire to thank Doctors and Nurses of the U. S. Hospital for kindness and attention to Driver Williams, during recent illness."

Air raid alerts, A.A. fire, and explosions had become commonplace during the "baby blitz" of February to April and the news on June 13th of the robot bombs (V-1) was not received at first with the seriousness it merited. The stereotyped announcement that flying bombs had fallen on "Southern England, including the London area" and that "damage and casualties were caused" became real for us on June 24 when the first one fell in our vicinity. During July, the Portsmouth-Southampton area, a strip of about 18 miles in length and five in breadth, was a target and it is believed some five hundred bombs were launched. On two nights within a period of several hours, 25 fell within a radius of about four miles from the hospital. One or more alerts were sounded on 17 days of July and on July third we had a five hour continuous "double red." We had seen two German planes brought down within a few minutes one spring night but this was different! The bombs seemed to pass directly over the reservation and the motor to cut out directly over wherever one was. The knowledge and sound not only of A.A. rocket fire

but also cannon fire from pursuing night fighters made one realize the gunners had to be good not to bring the bomb down on us. They were good and the nearest miss was about a quarter mile distant in Southampton Water. Despite the massive construction of some of our buildings they shook and trembled and one could feel the blast and see it in the movement of blackout curtains. Bitterne and Hamble were both hit and on viewing the damage one officer remarked "That made a Christian out of me." Except for some of the combat fatigue patients, no one outwardly exhibited much nervousness and all hands carried on with duty. During the heavy attack of July 12, we were sorting casualties at midnight and, as the various explosions took place and the passageway shook one pharmacist's mate remarked "Doctor, I don't like this" and continued with his work. Example is a potent force and to see the nurses proceeding calmly and to know that on the exposed third deck, medical officers, nurses, and corpsmen were circulating among the N.P. patients reassuring them, was a behavior guide for all of us.

It is believed that the bombs were launched from Rouen. In any event, with the progress of our forces in France, alerts became less frequent and ceased in early August. Other changes occurred also. We were receiving fewer patients for definitive care and acting as a collecting center for Navy patients and an evacuation hospital for both Army and Navy. By the middle of the month there was much less work for all and "scuttlebutt" circulated that we were to be relieved and go to other duty. As is so often the case, the "scuttlebutt" was correct, orders for officers came in and a few detachments followed. Navy patients who would not be ready for duty within thirty days were evacuated, some by air, some by ship. Some of our corpsmen flew back with their patients.

Early in September the plans became more definite and

we expected to be gone by October first. The first party from the Army General Hospital which was to relieve us arrived on the fifteenth. There were more officers detached, several of whom flew back. On the twenty-third a large group of officers, nurses, and corpsmen left in a train which also carried patients. This left only the Commanding Officer, the Exec, the Chiefs of Service, Departmental heads, half the nurses and rather less than half of the corpsmen to follow the next week after turning over to the Army. All Medical Department personnel, except Captains Brown and Miller, were ordered to various activities within the States. Captains Brown and Miller went to the staff of Comnavau and the seamen ratings were assigned to an amphibious force. The Supply Officers went to Exeter, and several Hospital Corps officers to the Eighth Fleet.

After eight months and eleven days of commissioned service we had received and treated over nine thousand patients. Snag 56 and United States Naval Base Hospital #12 are now a memory. Your historian joins Admiral Stark, Admiral McIntyre and Captain Brown in a sincere —

— Well Done —

ADDENDA

U. S. NAVAL BASE HOSPITAL #12

NAVY 814

A

18 September 1944

All Hands:

The Surgeon-General, in a personal letter, commented on the fine reports he has received of this institution, and has requested me to convey to the entire staff the deep appreciation that the Bureau, and he, personally, have for the credit you have reflected on the Medical Department of the Navy.

Well done, Snag 56!

C. J. Brown

Captain (MC) U. S. Navy

Medical Officer in Command

UNITED STATES FLEET

United States Naval Forces in Europe

B

27 September, 1944

Dear Captain Brown:

You must be proud of the splendid hospital you are turning over to the Army at Netley. I feel it not too much to say that the Navy made this hospital. I know what it was when you took it over and I know what it became, and the great service it rendered because of what you and all in your organization did. You can feel justly proud. I do myself.

I want to congratulate you and your entire staff, down to and including all enlisted personnel, on the service you have rendered.

I will never forget my visit with you shortly after D-Day, particularly because of what you were doing literally "for the lame, the halt, and the blind," and of the gratitude of the patients and of the comfort and of the hope you had given them. That, of course, is your greatest reward.

"Well Done" for "All Hands."

Sincerely,

/s/ H. R. Stark

Captain C. J. Brown, U. S. Navy

Commanding Officer, U. S. Naval Base Hospital

-C-O-P-Y-

Captain C. J. Brown (MC) USN
Medical Officer in Command

C

Captain J. W. Miller (MC) USN
Executive Officer

Captain J. M. Faulkner (MC) USNR
Chief of Medicine

Cdr. T. W. Bennett (MC) USNR
Laboratory Officer

Lt. Cdr. J. C. McMillan (MC) USNR
Lt. R. B. Castell (MC) USNR
Medical II

Lt. Cdr. M. M. Tolman (MC) USNR
Lt. (jg) P. E. Grimm (MC) USNR
Medical I

Lt. Cdr. H. S. Levine (MC) USNR
Lt. A. E. Cooper (MC) USNR
Lt. (jg) S. F. Morris (MC) USNR
Lt. (jg) T. E. Murphy (MC) USNR
Medical III

Lt. R. P. McCoombs (MC) USNR
Lt. (jg) D. S. Graves (MC) USN
SOQ

Capt. A. H. Weiland (MC) USNR
Chief of Orthopedics

Lt. Cdr. L. E. Hathaway (MC) USNR
Lt. (jg) T. S. Edwards (MC) USNR
Surgery I

Lt. Cdr. P. B. Hurley (MC) USNR
Lt. F. J. McNamara (MC) USNR
Lt. P. T. O'Brien (MC) USNR
Surgery II

Lt. Cdr. M. M. Heck (NC) USN

Comdr. H. W. Hudson (MC) USNR
Chief of Surgery

Comdr. V. T. Churchman (MC) USNR
Lt. Cdr. R. A. Follweiler (MC) USNR
Lt. Cdr. W. J. Troup (MC) USNR
E.E.N.T.

Comdr. R. B. Baldrige (MC) USNR
Lt. (jg) E. J. Smith (MC) USNR
G.U.

Lt. Cdr. R. M. Arkwright (MC) USNR
Lt. (jg) W. F. Harrison (MC) USNR
Surgery VI

Lt. Cdr. H. V. Sharp (MC) USNR
Lt. K. H. Zeigenhorn (MC) USNR
Surgery V

Lt. Cdr. S. J. G. Nowak (MC) USNR
Lt. (jg) L. Haking (MC) USNR
Surgery IV

Lt. S. D. Mills (MC) USNR
Lt. G. J. Sullivan (MC) USNR
Medical IV

Lt. J. A. Rose (MC) USNR
Lt. J. B. Leary (MC) USNR
Lt. (jg) J. W. Banzer (MC) USNR
Neuro-psychiatry

Lt. C. E. Warden (MC) USNR
Lt. (jg) W. P. Hamilton (MC) USNR
Surgery III

Lt. Cdr. S. L. Nusbaum (DC) USNR
Lt. Cdr. W. H. DeWolf (DC) USNR
Lt. R. J. Booth (DC) USNR
Lt. L. S. Boggs (DC) USNR
Dental

Lt. R. M. Caulk (MC) USNR
X-Ray

Lt. (jg) J. D. Barbella (MC) USNR
Ens. D. M. Boyle (NC) USNR
Ens. M. I. Smith (NC) USNR
Ens. V. Desmarais (NC) USNR
Anesthesia

Lt. Cdr. J. E. Kearns (MC) USNR
Security Officer
Convalescent Ward
Ch. Bosn. V. Lowder USN
Security

Ens. R. A. Davlin (SC) USNR
Ens. R. H. Henderson (SC) USN

Lt. (jg) V. T. Moss (HC) USN
Administrative Assistant
Lt. (jg) J. J. Vizard (HC) USN
Property and Accounting
Lt. (jg) W. W. Haralson (HC) USN
First Lieutenant

Lt. (jg) W. A. Breathwit (HC) USN
Personnel
Lt. (jg) R. Poole (HC) USN
Welfare

Lt. (jg) H. A. Hilbinger (HC) USN
H. C. Personnel

Ens. W. J. Moose (HC) USN
Commissary

Ens. A. Shuster (HC) USN
Medical Records

Ens. C. B. Nash (HC) USN
Maintenance

Ens. A. F. West (HC) USN
Medical Stores

Ch. Ph. R. E. Lown (HC) USN
Non-medical Stores

Ch. Ph. C. F. Wallace (HC) USN
Transportation

U.S. NAVAL BASE HOSPITAL NO. 12
Netley, Hants

D

3 July 1944

MEMORANDUM TO ALL HANDS

Subject: Buzz Bombs

1. The necessary precautions to be taken in case of an attack of the so-called "Buzz Bomb" are listed below.
2. Stay inside. Do not place yourself in such a position that the nearby explosion of the bomb would injure you.
3. When the alert is sounded adjust all blackout shades immediately so as to prevent personal injuries from shattered glass.
4. During working hours when "Secondary Warning" is sounded on the Klaxon, report immediately to your Air Raid Station. After working hours only the standby section is to report. Do not remain outside to see if it is coming. It takes but two minutes and twenty seconds for the bomb to reach this facility after the Klaxon is sounded. You are not a spotter, you are assigned a specific duty and a delay in the performance of your duties may cause panic and disaster to your mates and to yourself.
5. If there is no immediate shelter available, forget your false dignity and lie down on your face, tuck your elbows under your chest, and cover your ears with your hands. Remember, however, that you must keep your stomach off the ground, for if it is touching, blast tremors may harm you internally.
6. Experience has shown that the bomb only causes blast, which is above ground, leaving only a very shallow crater made by the bomb, so that below surface shelters give the greatest security.
7. Above all, keep calm. Remember, your action is reflected upon the patients for whom you must care. Unnecessary excitement is more quickly noticed by one who is ill. Don't give yourself away, for not only will you suffer, but every person with whom you come in contact must depend wholly upon your reliability to "carry on" under distressed conditions.

8. REMEMBER! A personal injury does not only affect you, but it also plays a great part in the efficiency in the operation of this hospital.

J. W. MILLER
Captain, (MC) U. S. Navy
Executive Officer

BOSTON HERALD, JUNE 26, 1944

WOUNDED MEN RAIL OVER LEAVING FIGHT

by Catherine Coyne

E

Wireless to Herald

(Reprinted by permission)

A UNITED STATES NAVAL HOSPITAL, England, June 25 —

"A German 88 and I had a race. It was a photo finish."

Pfc. Timothy Desmond of 21 Park Street, Norwood, Mass., grinned wryly at his wisecrack. "This makes me so mad," he muttered impatiently. "The biggest battle in history is going on and after eight days, what happens to me? I land in bed, flat on my back. It makes me so mad that —"

That photo finish was no joke, and his wisecrack could not disguise the fact that he did not think it was a joke either. Like most of the wounded at this great naval hospital, he tried to be funny about his injuries.

"I wouldn't want anyone to worry about me," he explained. "I'll be all right after a while. I've got a Boston doctor, Lt. Francis McNamara, USNR, of Melrose, to take care of me. We can't miss, but I feel awful about being here, especially this early in the fight."

Formerly a clerk at the big super-market in Norwood, he was one of the first invaders of occupied France, where he fought for eight days and eight nights before he saw that German 88 aimed his way.

"I tried to run to safety," he said, "but it was faster than I. No soldier wants his folks worrying about him. Tell the people at

home what wonderful care we are getting. Tell them how the medics go right into the line of fire, like the one who came to help me. He carried me on his back for 50 yards, gave me morphine, then got me to an emergency station, where I was given plasma. Then, I went by ambulance to a field station. I was X-rayed and taken care of. Then they brought me over here to England on an LST. There was an army surgeon aboard who looked after me all the way."

Cpl. Peter Felinsky of 40 Sherman Street, Peabody, who used to be a janitor at the state police barracks at Shelburne Falls, was equally angry at being out of the big show. "I'll be back there in a little while," he said. "All I've got is a shell wound in my leg. It will heal in no time."

FRANCE HARDEST

A gunner and veteran of campaigns in North Africa and Sicily, he declared the fighting in France was the hardest type of warfare he had encountered.

"It was easier in Africa and in Sicily, too," he said, "because you could see Jerry. Over there in France, we couldn't see the Germans, even though they were all around us. But don't you worry, we will win. It won't be tough once we get a good line started."

Another veteran of the Mediterranean, Chief Com. Steward Antonio Alfama of 15 Lane Street, Malden, disagreed with Felinsky. Sicily was toughest, he declared.

"The invasion of France was the easiest I have seen, because it was the best planned," he said. The 44-year-old chief was suffering from exhaustion.

"I guess it's a young man's war," he said, ruefully.

But the young men in the war stared at him enviously. He was one of the crew of an LST that successfully challenged the Nazis by landing Americans at North Africa, and Sicily and off the Normandy coast on D-Day. During the World War, he served aboard U. S. naval craft for 18 months in foreign waters.

NAVY DEPARTMENT

F

JULY 9, 1944

NAVAL HOSPITAL IN ENGLAND TREATS HUNDREDS OF WOUNDED DURING FIRST TWO WEEKS OF INVASION: HAS ONLY ONE DEATH

A U. S. Naval Base Hospital in England (Delayed) — An 88 millimeter shell exploded over the back of an American soldier stringing cable on the Normandy beachhead. Within a matter of hours doctors at this U. S. Naval Base Hospital had successfully removed from his left lung a piece of steel shrapnel two inches long by one-and-a-half inches wide. And the soldier is getting well today.

A paratrooper participating in an air-borne assault suffered a broken leg. Twelve hours after arrival here doctors had the paratrooper cheerfully hobbling along the corridors on crutches.

This is the kind of skilled, swift treatment that U. S. Naval Medical Officers here are giving Uncle Sam's wounded soldiers and sailors fresh from the battlefields in France. It is giving these men a new lease on life, a chance to go home or an opportunity to fight again for the liberation of Europe.

Housing the most modern equipment and medicine and utilizing the most up-to-date medical techniques, this hospital during the first two weeks of the invasion handled several hundred U. S. casualties from France with the phenomenal mortality record of one man lost. Yet hundreds have poured through here, men with every type of wound or injury from walking cases with superficial wounds to litter cases with severed limbs or shattered heads and bodies.

Although specifically a U. S. Naval Base Hospital, this institution is also caring for wounded American soldiers, Coast Guardsmen and Marines as well as British and French troops. Arriving under guard also are wounded German prisoners, given the same treatment as their captors.

Because time is such an important element in the treatment of

open wounds, all means of transportation are utilized to speed the delivery of patients. Some are arriving on Navy-operated ships, others on Coast Guard rescue craft, on Allied hospital ships and in ambulances.

Awaiting them is this former British hospital, one quarter of a mile long, three stories high with more than 100 wards, operating rooms, and laboratories, all maintained in a state of constant readiness. Sixty out-buildings can be utilized in emergencies, almost doubling the normal capacity.

On hand to treat them is a staff composed of fifty experienced doctors, twelve hospital corps officers serving as technicians, ninety-eight trained Navy nurses and 400 skilled hospital corpsmen. Another 180 men are engaged in maintenance.

To speed their recovery is a supply of medicine and drugs which included on D-Day 537,500 cubic centimeters of plasma, 398,500 cubic centimeters of other intravenous solutions, 794 gallons of alcohol, 50,000 tablets of sedatives of all types, 143,500 sulfa tablets and seventy-one pounds of sulfa drug powders, 50,300,000 units of penicillin, 299 pints of medicinal whiskey, 4,958 bandages of all types, plus orthopedic equipment including 5,326 pounds of cotton, 2,500 pounds of plaster of paris, 100,000 yards of crinoline and 200 rolls of sheet wadding.

Each casualty on arrival is examined separately by the chiefs of surgery, medicine and neuro-psychiatry to determine as quickly as possible the preliminary treatment necessary and whether surgery is needed.

Surgery is divided into two groups — general and orthopedic — with eighteen doctors on the two staffs. Twenty-five per cent of all casualties received here have required either major or secondary operations.

Quantities of narcotics, sulfa drugs and penicillin are sufficient to ensure administration to all patients needing any one or all of them. Between thirty and thirty-five per cent of all patients have received penicillin.

New and improved methods of treating men suffering from shock, combat fatigue and operational fatigue have been adopted

by the staff in neuro-psychiatry and all patients thus far treated have been restored to normalcy.

After preliminary examinations and treatment each man is bathed, shaved, issued clean clothes and put into a clean, comfortable bed in rooms staffed twenty-four hours a day by doctors, nurses and hospital corpsmen. A corpsman is assigned to see that every call is answered and that all are made as comfortable as possible during their first stages of hospitalization.

After treatment and whatever urgent operations are completed, casualties are transferred by ambulance or hospital train to hospitals in other areas further back.

The first casualties to arrive were men who had received only preliminary first-aid at beach dressing stations or aboard ships and craft and who were suffering from shock as well as wounds. Today, however, the majority have been previously treated at either advance hospital units or aboard the hospital-equipped landing craft which evacuated them from the front. As a result doctors describe the condition of casualties now being received as exceptionally good.

Two of the dread gas bacillus cases have been successfully treated here. Both patients, one with an arm blown off by a grenade and the other shot through the hip, underwent operations and are recovering after being treated with penicillin.

Behind the condition of readiness, here is a story of thorough planning and tireless effort on the part of all officers and men. Planning began last fall when Rear Admiral Luther Sheldon, Jr., Medical Corps, U.S.N., Assistant Chief of the Navy's Bureau of Medicine and Surgery, arrived in the United Kingdom to complete arrangements for the transfer of this hospital from British to American hands. Early in the spring Captain C. J. Brown, Medical Corps, U.S.N., Garden Plaza Court, Philadelphia, Pennsylvania, the Senior Medical Officer, brought his staff over to assume command.

Second to Captain Brown is Captain J. W. Miller, Medical Corps, U.S.N., 3833 Calvert Street, Washington, D. C., the Executive Officer.

Other members of the staff include Captain James M. Faulkner, Medical Corps, U.S.N.R., 255 Goddard Avenue, Brookline, Massachusetts, Chief of Medicine; Captain A. H. Weiland, Medical Corps, U.S.N.R., Coral Gables, Florida, Chief of Orthopedic Surgery; Commander Henry W. Hudson, Medical Corps, U.S.N.R., 1672 Beacon Street, Waban, Massachusetts, Chief of Surgery; Commander Robert R. Baldridge, Medical Corps, U.S.N.R., 25 Chesterfield Street, Providence, Rhode Island; Chief of the Urology Department; Lieutenant Commander Samuel L. Nusbaum, Dental Corps, U.S.N.R., 530 Wyoming Avenue, Milburn, New Jersey, Chief Dentist; and Lieutenant Commander Mary M. Heck, Nurse Corps, U.S.N., Cumberland, Maryland, Chief Nurse.

New York Journal-American, June 26, 1944

G

VISIT TO NORMANDY WOUNDED

by Lorelle Hearst

(Reprinted by permission)

LONDON, June 26 — Early this morning, we arrived at a lovely old coastal town and my first thought was that it looked like a resort to spend holidays in — to laugh and be gay.

Lt. J. B. Smith, staff press liaison officer to Admiral Ramsey, and I practically flew through the countryside in a jeep on our way to the big U. S. Naval Base Hospital — the hospital where our wounded from Normandy are brought first after reaching the English coast.

The building is the largest I have ever seen and the work the doctors and nurses are doing here is wonderful.

Not only are they doing a good job medically but they make the boys content and happy as possible.

One small thing I noticed, though, was the lack of little personal possessions. Ash trays are tin cans with the tops torn off.

And, as most of the patients naturally have lost their kits, there are not many of the little comforts and conveniences like toilet articles or reading material available to them.

HEAD NURSE KIND, UNDERSTANDING

It is not the fault of the hospital staff — they do not have such things either — but I do think there should be some way of our getting things like that to the hospitals.

The head nurse, Lt. Comdr. Heck, is a woman with a soft voice, understanding blue eyes and the kindest heart.

She is never too busy to make a personal case out of every boy who comes into the hospital.

She took me all over the wards and the officers rooms and I was able to see how every face lighted up when she walked past the beds.

She knows all of their names and all about their families and homes.

How Comdr. Heck ever had time to put this hospital into proper shape in so short a time and also spend time talking with the boys, I will never know.

Her nurses are all young and capable and many of them very beautiful. I saw at least two girls who were so pretty that they could easily become magazine cover girls.

NURSES SMILE, LOOK ATTRACTIVE

It does your heart good to see these hundreds of lovely American girls who chose this job instead of one full of comfort and glamour.

Believe me, the girls are proud and happy about what they are doing and would not change their places with the highest paid of the noted movie stars in the world.

They have plenty of glamour of their own.

With their white uniforms, their hair beautifully groomed and with neatness and sweetness — they look as though they had just stepped out of a bandbox.

It is good for the boys to see pretty women around. No matter how banged up a boy is, it seems to make him feel better.

Since D-Day, the nurses have seen scores of wounded men pass through this hospital and many nurses have been on duty eight-

een to twenty hours a day. Still, they manage to keep lovely big smiles on their faces.

HAPPY TO DO WORTHWHILE JOB

When they do have a little time off, the nurses can have some relaxation and recreation. There are nice clubs in the neighborhood and spots in the beautiful countryside for picnics — and handsome naval officers for beaux.

Some girls told me they are happier than they have ever been in their lives — happy in the fact they are doing a worthwhile job for their country and yet having their simple enjoyment also.

Before I left the States, I used to hear people complain about not being able to have a nurse when they were ill. Well, I, for one, will never complain again, now that I have seen how badly nurses are needed over here.

No matter what our illnesses are, it is not as important for us to be nursed as it is for these boys.

There is such misery and tragedy here, too, and we felt it so deeply as we stood in an operating room where doctors and nurses were trying to save a boy's life. Looking through the window of that room, I could see the water and countryside of the most exquisite green trees.

The thought ran through my head: "How is it possible for so much tragedy to go on in this room when there is so much beauty just across the window sill?"

WAVES SHOULD GO OVERSEAS

I was told our navy WAVES are not allowed to be assigned to overseas duty.

If this is the case, it is a great mistake because there is so much to be done over here and many important jobs the WAVES could do.

The nurses and the WAVES have their different spheres of activity. They would not conflict. They would cooperate for the benefit of the stricken boys.

The longer time I spent in the hospital, the more impressed I was with the high morale and cheerfulness of the wounded kids.

And I realized that much of this high morale is due to the navy nurses who give them so much care and are so kind and understanding.

LIDO BEACH LONG ISLAND, NEW YORK

by Stanley Burnham, PhM 1/c

H

On the first of January 1944, I received my orders to report to Lido Beach, New York. I was to report to the Commanding Officer of SNAG-56 for further duty. At the time my orders came I was on leave, and you can easily guess how I felt when I received the telegram. I had to rush back to the Naval Air Base at Corpus Christi, Texas, and get a copy of my orders and then pack my gear.

It was the fifth of January when I reached New York and proceeded directly to Lido Beach, where our unit was being assembled. I found that the one time famous Country Club was now an Advanced Training Depot and Assembly Base for Naval personnel going overseas. The one time golf course had been turned into a parade ground and in place of the spacious buildings there were now long lines of barracks completed and some still under construction.

There were few of the unit there when I checked in, but one of the earlier arrivals showed me to my barracks; on the following days many doctors, nurses, and hospital corpsmen checked in for duty with the same unit. Besides the Medical Corps being so well represented there were also a group of Seamen and Specialty Branches represented that was to make up our maintenance division. We had personnel check in from almost every Naval Base in the continental limits of the United States, and of course practically every state in the Union had at least one man there.

Due to the terrific influx of men at the Base, the chow lines took a terrible beating, to say nothing of us who had to eat there; we would wait in line for two hours and then be turned down at

the last minute, the reason being that we had to muster with our unit. By the way, the temperature wasn't exactly as gentle as we would have liked to have had it; many a fellow complained of cold and wet feet after a strenuous hour of waiting for some good old chow. One of the things I will never forget was the Saturday morning Inspection of the Commanding Officer of the Base. Every Saturday morning several units would assemble on the large parade grounds in front of the immense mess hall to undergo the scrutinizing eyes of the Captain. The Nurse Corps of our unit was right there with us; they stood out in the cold wind and rain, with only silk stockings to protect their feet and legs. They stood all these inspections without a word of complaint, sometimes standing for many hours before the Captain got finished with the others.

There was little work to be done, other than to draw overseas gear, fit it, and mark it; when this was finished we sweated out our waiting shipment by visiting the city of the world, New York. There were many places to go and so no one had too much time on his hands to think of just what was going to happen to him, which perhaps was a very good thing. We were assembled many times for muster and to have our pictures taken; once we were all called together in the Recreation Hall for the commissioning of our unit, which was read to us by our Commanding Officer, Captain C. J. Brown (MC) USN. We were commissioned as a unit on January 22, 1944. Several days before the unit left, the commanding officer, the executive officer, the Chief Nurse, and a crew of enlisted men departed for England. On these last few days in the States one thinks of many things to do or that he should have done, but it is too late now and he tries to crowd everything into those last few hours. The telephone booth at the base was constantly overcrowded by the fellows who were calling home to say a few words to the loved ones whom they were leaving behind; those last goodbyes mean an awful lot, when you never know how long it will be before seeing each other again.

At last the day came when our seabags and hammocks were loaded into the trucks and taken to the ship. We were all in for-

mation, anxious to hear the word that would start us marching out of the Base and on our way to we knew not where. It is hard to explain the feeling I had as I marched from Lido Beach; this was my first time to leave the continental United States, but I was not the only one who was undergoing this sinking and yet exalted feeling. We were all looking forward to what new kind of experiences we were to have; the old sailors who had been out many times before took things as they came and paid little attention to things going on around them. It was going to be hard for some of the men to leave behind them families, wives, sweethearts. Even though they thought of these things, they seemed glad to be on their way; at least they were really serving their country and not just wearing the uniform.

"H.M.S. AQUITANIA"

The compartments aboard the ship were small and completely filled with bunks. The bunks were so close together that a person could hardly turn over once he was in one. The Officers' Quarters were not much better than our own; they were overcrowded and had no heat, and being on the first two decks the weather added to their discomfort. The Nurses' Quarters were on "A" deck; they were crowded, too, and the nurses suffered as much as any one else, in some respects perhaps more. They were not used to anything like this and so naturally it was hard to adapt themselves to all the inconveniences which they were put to. Some of them were given duty in the ship's Sick Bay. There were lounges for officers and nurses, and also a library at their disposal.

Everything was in order aboard ship. Knowing it was a troop transport, we did not expect the luxuries of a pleasure craft, and so we did not mind the crowded and stuffy lower decks to which we were restricted. But there was one thing for which there was no excuse; that was the CHOW. Not only was the first meal bad, but all the meals which we had to endure were the same. There were numerous covered decks on the ship, and here the troops were given freedom to roam around at their own will and the will of the M.P.'s for four to five hours each day. This was their only

means of getting exercise and fresh air; needless to say, everyone who was able made the best use of the free time. Many of the men became sick, I should say sea-sick, on the third day out. The sea was getting rougher and the weather was really heavy; some of the fellows were sick for only forty-eight hours, while others remained in the "Green Stage" for the rest of the trip.

Each day we had boat drills; there were also action stations to be manned in case of any emergency. The troops on the lower decks were the first to hit the open decks, being followed in succession by each deck above them; so on up the ladders until everybody had reached the open decks. The nurses who were already on the Boat Deck were saved the trouble of climbing ladders.

On our sixth day out the Klaxon horn blew action stations. All troops proceeded to their boat stations; no sooner were we out on the decks than the Anti-Aircraft Batteries opened fire. Enemy aircraft had been spotted; after two passes at the ship the plane disappeared and the firing ceased. In all probability the plane had been hit; those boys on the guns weren't rookies when it came to shooting.

During the trip over we set our watches ahead five hours; the time changed every time we crossed a certain line. We were notified of the change in our time by our ever screeching P.A. system. The Aquitania made the trip without convoy; being a fast troop ship and carrying ample guns and being very heavily armed, she was well prepared to protect herself.

On February sixth, we entered a harbor in the coast of Scotland; the sight of land was very nice to our eyes, even though everything was strange, houses small and squat, chimneys by the millions, and the green slopes of faraway hills. All these things were new to us and very interesting. It was a busy place, this harbor, ships of every Allied nation were being either loaded or unloaded; our first night was spent riding at anchor. Early the next morning debarkation began; the Nurse Corps left the ship first, going ashore by lighter and then entraining for several days visit at London. During the ensuing day debarkation continued,

the Army leaving next and being quickly followed by the other Navy units; these Navy units started their trip for Headquarters in England immediately, as they were later named for duty aboard our LST's and LCT's, which were to play the big part in the coming Invasion of France.

Our unit left on the eighth and started our arduous trip by lighter and by train for our first stop-off in foreign land, which happened to be Londonderry, North Ireland. After a short period of duty here, we continued on our way to join our Commanding Officer and our final destination.

RICHMOND TIMES-DESPATCH, DECEMBER 3, 1944 I NAVAL NURSES RETURN HOME FROM ENGLAND

(Reprinted by permission)

Virginian in Group Sent to Fort Eustis

NORFOLK, Dec. 2 — Eleven navy nurses whose home towns stretch across the country from Washington to Kansas, and north and south from Massachusetts to the southernmost border of Virginia, have reported aboard at the United States Naval Hospital, Fort Eustis, Va., following a tour of duty in a United States Naval hospital in Southern England.

All were glad to be home. All were grateful, too, to have had a part in the expert nursing which helped to keep our death rate from D-Day casualties to the low of .34 per cent.

These nurses were "standing by" on D-Day — and, like the fighting men, were grim and silent as they went about their duties. There was tension as they awaited their first casualties. Compared with the men who manned and rode the invasion craft their job seemed less spectacular, and the waiting longer. This ratio of .34 per cent, announced months later, would determine the relative significance of their part.

Tell of Troops' Courage

The nurses spoke of the magnificent courage of our men. They, very naturally, did not tell of their own courage, but it was obvi-

ous. Ensign Winifred Thomas, Garfield, Kansas, a graduate of the St. Luke's Hospital School of Nursing, Kansas City, Mo., had a brother, a bombardier on a USAAF plane, over Germany on a "mission" that day. Ministering to the wounded was to her distinctly personal.

Ensign Laura Virginia Sprouse, Centralia, Ill., brought home a part of a buzzbomb which fell in a park adjoining the hospital, grim reminder of weeks of "front line" nursing. Ensign Agnes Nerney, of Lowell, Mass., told of the French woman who was brought to the hospital from the Normandy beachhead, with one leg shot off. As a member of the FFI sniping at German soldiers she had been using a gun which was made in Connecticut, apparently before 1910. Several of the nurses laughed as they remembered a Frenchman who was brought to the hospital by mistake. He had been lying among the wounded on the Normandy coast, prepared to fire on the enemy, and in the haste of evacuating wounded, hospital corpsmen had rolled him onto a stretcher and had put him aboard a ship bearing wounded back to England. His excited protests went unheeded. The corpsmen did not understand French and they were too busy with more serious casualties to argue with one still able to register a protest.

Confessing a distaste for Brussels sprouts and cold, rainy weather, Ensign Mildred Bowman Tisdale, Chase City, Va., admitted having wasted her substance on riotous living on at least one occasion. Finding a cantaloupe in a market, she had "paid the price" and gone home to feast. It was only after she had eaten half of it that she realized it had cost \$8 American money.

Speaks Reverently

Ensign Helen Converse Kusenber, graduate of the Sibley Memorial Hospital School of Nursing, Washington, spoke reverently of their privilege in walking through the wards where Florence Nightingale had made her rounds. They met and visited with an English matron who had known Miss Nightingale, and they saw the lamp, beloved emblem of professional nursing,

which she had used on her nightly rounds through the wards at Scutari as she tended the wounded heroes of another war.

For entertainment during their time off the nurses eagerly adopted a British recreation, bicycling. They packed picnic lunches and bicycled to the parks for outings, or to famous landmarks for sightseeing. They were visitors to England, interested in the English way of life, but they brought a flavor of home and nurtured it, as was demonstrated by their enthusiasm for the baseball teams and the games between army and navy personnel. They cheered the home runs of navy and, led by Ensign Irene Beck, Jamestown, N. Y., shouted insults at army in a fair imitation of the Brooklyn Dodgers' fans best manner.

And our nurses came home, as Lieutenant Commander Mary Martha Heck, chief nurse of this unit, expressed it in an interview, with a "satisfying sense of 'mission accomplished.'"

From The Journal of the American Medical Association, Sept. 2, 1944 J

NAVAL HOSPITAL IN ENGLAND TREATS HUNDREDS OF WOUNDED FIRST TWO WEEKS OF INVASION

(Reprinted by permission)

At a U. S. naval hospital in England, several hundred U. S. casualties from France were treated with the loss of only one man. Formerly a British hospital, this institution is a quarter of a mile long, is three stories high with more than a hundred wards, operating rooms, and laboratories, and is maintained in a state of constant readiness. Sixty outbuildings can be utilized in emergencies, almost doubling the normal capacity. The hospital maintains a staff of 50 doctors, 12 hospital corps officers serving as technicians, 98 trained navy nurses and 400 skilled hospital corpsmen. Another 180 men are engaged in maintenance. On D day the supply of medicine and drugs included 537,500 cc. of plasma, 398,500 cc. of other intravenous solutions, 794 gallons of alcohol, 50,000 tablets of sedatives of various types, 143,500 sulfonamide tablets and 71 pounds of sulfonamide powders, 50,300,000 units of penicillin,

299 pints of medicinal whiskey, 4,958 bandages of all types, plus orthopedic equipment including 5,326 pounds of cotton, 2,500 pounds of plaster of paris, 100,000 yards of crinoline and 200 rolls of sheet wadding.

Each casualty on arrival at this hospital is examined separately by the chiefs of surgery, medicine and neuropsychiatry to determine as quickly as possible the preliminary treatment necessary and whether surgery is needed. After preliminary examinations and treatment each man is bathed, shaved, issued clean clothes and put into a clean, comfortable bed in rooms staffed twenty-four hours a day.

Complete arrangements for the transfer of this hospital from British to American hands began last fall, when Rear Admiral Luther Sheldon, Jr., Medical Corps, U.S.N., assistant chief of the navy's Bureau of Medicine and Surgery, arrived in the United Kingdom. Early in the spring Capt. C. J. Brown, formerly of Philadelphia, brought his staff over to assume command. Capt. J. W. Miller, formerly of Washington, D. C., is executive officer. Other members of the medical corps on the staff are Capt. James M. Faulkner, Brookline, Mass., chief of medicine; Capt. A. H. Weiland, Coral Gables, Fla., chief of orthopedic surgery; Comdr. Henry W. Hudson, Waban, Mass., chief of surgery, and Comdr. Robert T. Baldrige, Providence, R. I., chief of the urology department.

Buffalo Evening News, July 20, 1944 K

BUFFALO OFFICERS TEND WNY SEAMEN IN ENGLISH HOSPITAL

By Fred MacKenzie

Buffalo Evening News War Correspondent

(Reprinted by permission)

A U. S. NAVY HOSPITAL, England, July 14. — "Patients are coming to us from battle areas in remarkably good condition," Commander Henry W. Hudson, former Buffalonian and chief surgeon here, said today. "The men are being cared for quickly

and well at advance stations and we have had marked success in treating them."

Commander Hudson saw action aboard a cruiser in the Mediterranean and Pacific before coming here. He is a son of Mrs. Floyd K. Smith of Hotel Westbrook, Buffalo, and attended Nichols School and Harvard Medical School. He practiced in Boston before being called to active Navy duty in December 1940.

Tend Buffalo Patients

I first saw Commander Hudson examining patients as soon as they were brought from a ship to this hospital. Some had been wounded only a few hours before. The hospital, a three-story structure, 480 yards long, has been renovated by Seabees.

Lieut. (jg) Vernon L. Moss, son of Mrs. Alice M. Moss of 72 Hawley St., Buffalo, and a student at Lafayette High School before he entered the Navy 17 years ago, is administrative assistant to Capt. Clarence J. Brown, commanding officer. Lieut. Moss was a pharmacist's mate aboard the dirigible Macon when it crashed in 1935. He trained at the San Diego Naval Hospital, Cal., and Mare Island Hospital, Cal., before being called to active duty in 1930. In 1936, he returned to the United States. He was stationed at the New Jersey Naval Dispensary when he left for England last January. A brother, Seaman (2nd Class) James L. Moss, is stationed at Norman, Okla.

Has Score to Settle

A Seabee, electrician's mate (2nd class), Lloyd B. Youngberg, 29, of 86 Cambridge Ave., Buffalo, where his wife, Mildred, now lives, is a patient here, having been wounded by shrapnel in the left leg and shoulder in France on D-Day plus one. When I visited him he was talking with Seaman (1st class) Chester T. Kolacz, 19, son of Mr. and Mrs. Joseph Kolacz of South Main St., Angola, a temporary medical patient. Seaman Kolacz is stationed at a nearby port.

"I have a score to settle with the Nips, too," said Mate Youngberg, explaining his brother, Seaman (1st class) Eugene, was

killed in the South Pacific March 6. "On the day I got news that his church in Buffalo was holding a memorial service for him I got orders to move to the invasion area. I was wounded while transferring gear from an LCI."

Mate Youngberg has been married three years, is a graduate of Lafayette High School and was a Buffalo Niagara Electric Corporation employee before entering the Navy in December 1942. His parents, Mr. and Mrs. Erik A. Youngberg, live in Pike, New York, and a brother, Lieut. (jg) Erik A. Jr., is stationed at Townsend, Wash.

New York World Telegram, January 16, 1945

L

NAVY NURSE

They Want to Go Back Overseas

Second of a Series by Carol Taylor, World-Telegram Staff Writer
(Reprinted by permission)

At that same time, Ensign Gertrude Gross was tending invasion casualties and dodging buzz bombs in an American naval base hospital near Southampton, England.

Prepared for D-Day

Miss Gross, a tall, athletic girl, who is now at the Naval Hospital in Brooklyn, was among 96 navy nurses sent to England in January, 1944, to prepare a hospital for D Day.

"It was a draughty, old building, built during the reign of Queen Victoria," she said. "It was cold. There were no heating facilities and none of the departments was set up according to American hospital plan. With the aid of Seabees, we spent 3 months getting the building ready for invasion casualties.

"We fixed up a shock room for critical cases. There, right at hand, was every sort of life-saving device — oxygen, plasma, whole blood and sulfa compounds. The patients in that room were never left unattended."

From the time the nurses arrived there were almost daily air

raids and a blackout from 5 P.M. to 8 A.M. But life was not too grim.

"We had lots of fun among ourselves," said Miss Gross. "The best came out in every girl in our unit. Everybody got a bike and we rode around the countryside and had little picnics in the woods. It was really lovely. And we had dances on Saturday nights at the bachelor officers' quarters. And sometimes we'd go to the hotel in Southampton for dinner. But it was so crowded you had to make reservations two or three weeks in advance."

Of course the nurses knew they were in England for invasion duty, spring wore on, they began to wonder.

"We saw the ships in the harbor from March to June," said Miss Gross. "We began to wonder if it was all just a joke or if there was really to be an invasion."

But in May, briefed Canadian, American and British troops began to arrive at the hospital and were assigned to wards.

"Because of their knowledge of invasion plans, they were isolated, not even allowed out for chow," related Miss Gross. "The nurses were not permitted in the wards. These briefed soldiers came in at the rate of 300 a day and then out again to their stations."

The Invasion Is On

By midnight, June 5, she knew the invasion had begun.

"There was a constant hum of planes overhead." It was like trying to go to sleep ten feet from a beehive.

"At daybreak anybody up and about could see thousands of planes flying overhead.

"Our first casualties came in on D-Day plus five and from that time on we were really busy. Patients were brought in 400 at a time. Three-fourths remained only a few hours and were evacuated on hospital trains. Just as soon as one batch was gone, we'd get a new group. We handled one-twelfth of all invasion casualties."

After D-Day the buzz bombs began coming.

"From June 10 to July 26 there were robot alerts every night

and an average of 28 to 30 bombs would get over. The one that came nearest to hitting the hospital was shot down in the bay a quarter mile away.

"When our casualties heard the robots they didn't know what to think and they were frightened. They thought they had heard every type of shell, but this was something new!"

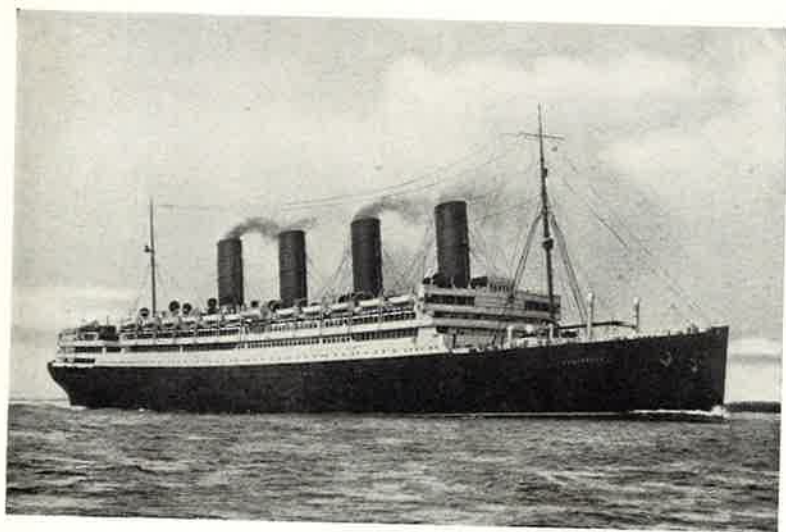
SNAG SHOTS



CAPTAIN C. J. BROWN (M.C.) U.S.N., MEDICAL OFFICER IN COMMAND



CAPTAIN J. W. MILLER (M.C.) U.S.N., EXECUTIVE OFFICER



H.M.S. AQUITANIA



FROM BEACH HILL CAMP, LONDONDERRY



A WOODED PARK



NETLEY ABBEY



SHRUBS ARE LUXURIANT



OF RED BRICK FACED WITH PORTLAND STONE



OF THE GREATEST NATURAL AND CULTIVATED BEAUTY



SOUTHAMPTON WATER



THE COPPICE



OFFICERS' MESS — "B.O.Q."



HOSPITAL CORPS OFFICERS



MISS HECK, MISS LEOPOLD, MISS SCHEIPS, MISS DICKINSON, MISS GERRICAN



ROOMMATES



THE BAINBRIDGE QUINTET



THE ORTHOPEDIST



THE CHIEF OF MEDICINE AND THE ADMINISTRATIVE
ASSISTANT RELAX



LT. COMDR. MARY MARTHA HECK, CHIEF NURSE



MISS TUCKER WRITES A LETTER



THE CHIEF OF SURGERY



CAPTAIN WEILAND ORGANIZED A SOFT BALL LEAGUE



MISS ELMORE TALKS IT OVER WITH DAVIS



SOUTHAMPTON



ANTIPERSONNEL BOMB CASUALTY



BOURNEMOUTH



THE FIRST HOSPITAL TRAIN PULLED IN



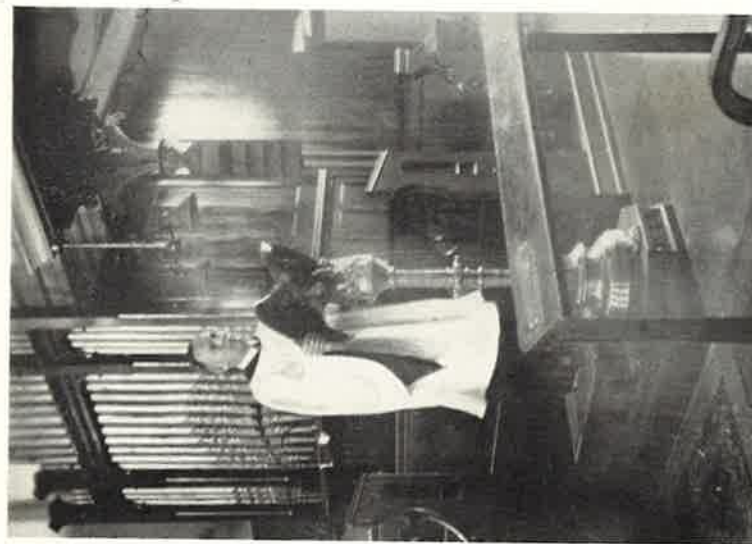
JUNE 11, 1944



MISS TALBOT, A.R.C.



THE ROYAL CHAPEL



CHAPLAIN JOHNSON



MARCHING TO COLORS



RED CROSS PARTY



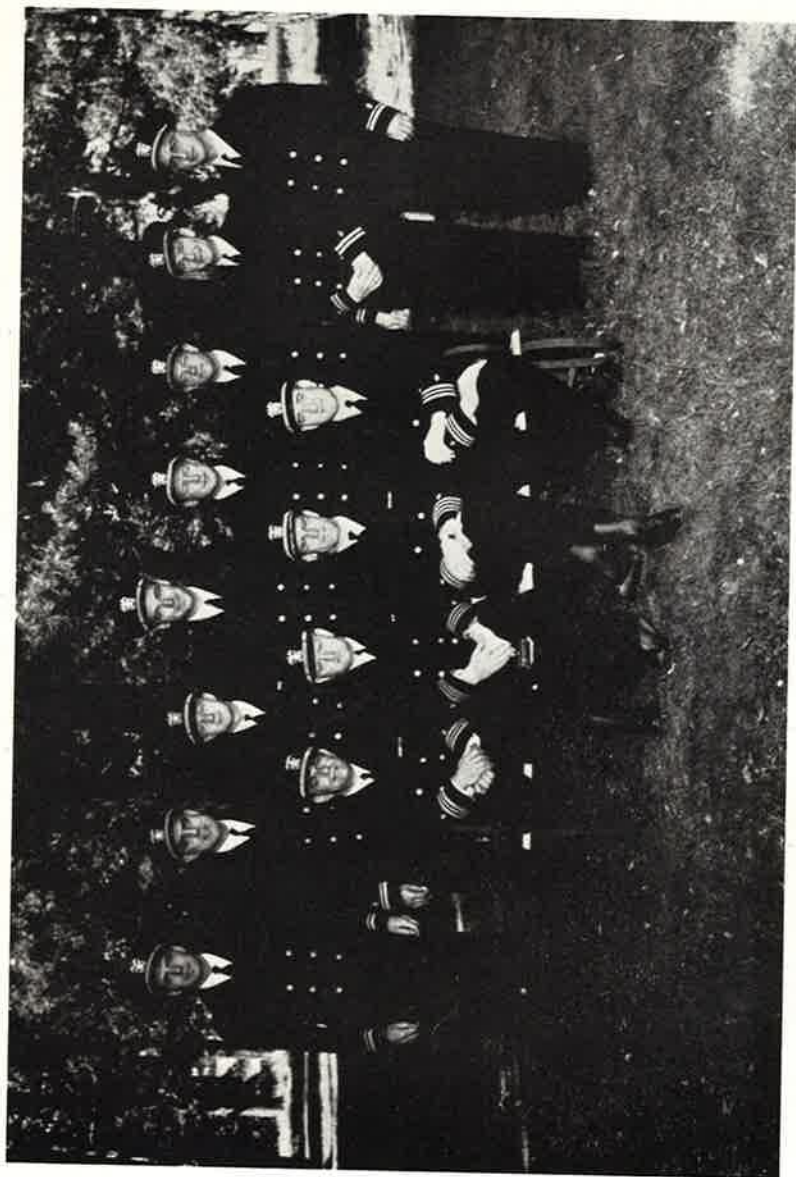
PATIENTS STOP BOOK TROLLEY ON ITS WAY TO
WARDS



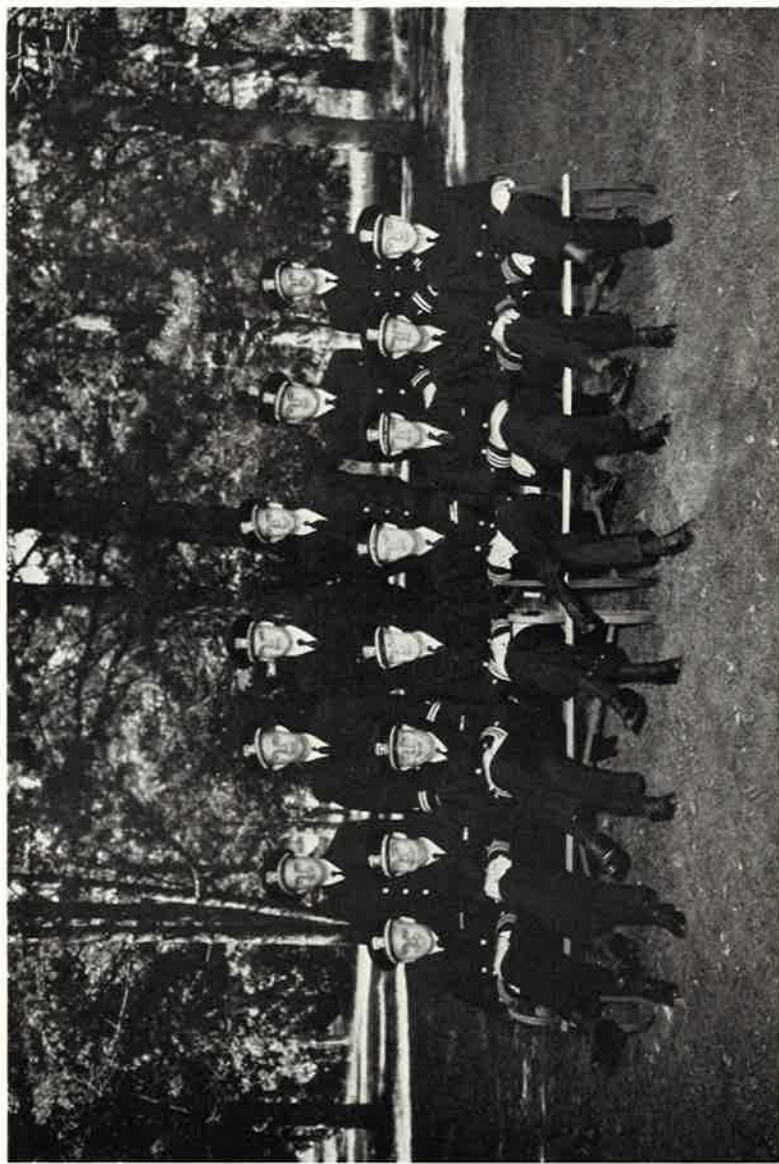
COFFEE AND DOUGHNUTS TO PATIENTS BEING EVACUATED



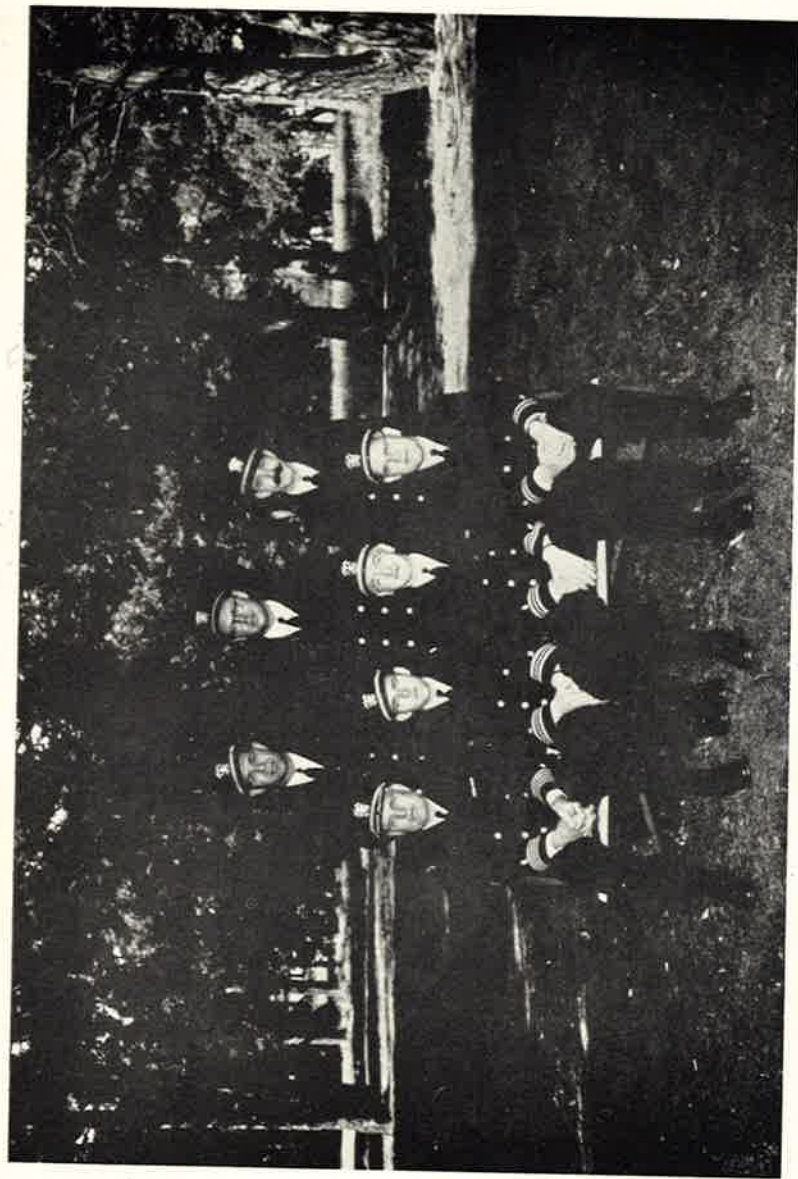
TALKING IT OVER WITH THE RED CROSS



MEDICAL SERVICE



SURGICAL SERVICE



ORTHOPEDIC SERVICE



THE £28 TEAM



AIR RAID SHELTER



ARMY 110TH VS. NAVY BH 12 — DR. MILLS ROUNDING 3RD



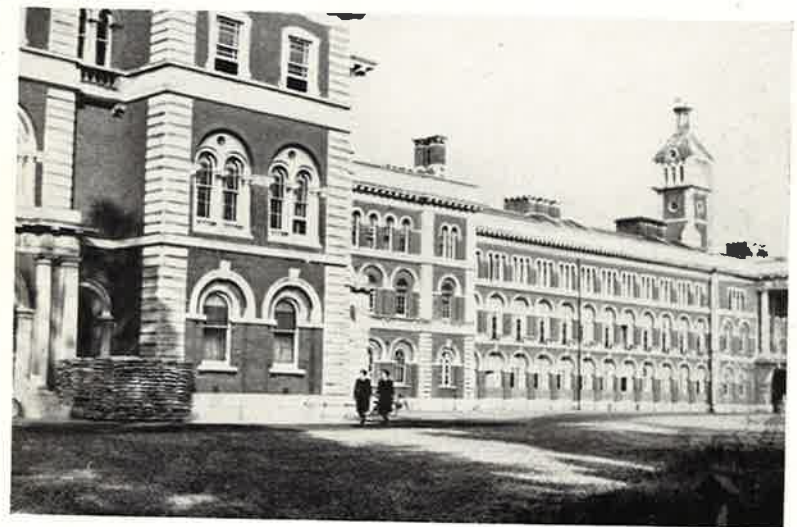
THATCHED ROOF



WHO SAID "MARRIED QUARTERS"



HAMBLE



S.E. WING



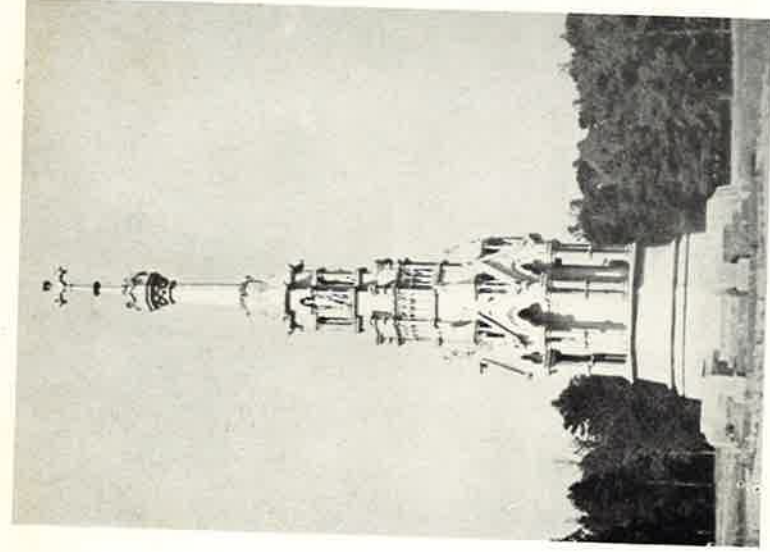
NURSES TRANSPORTATION



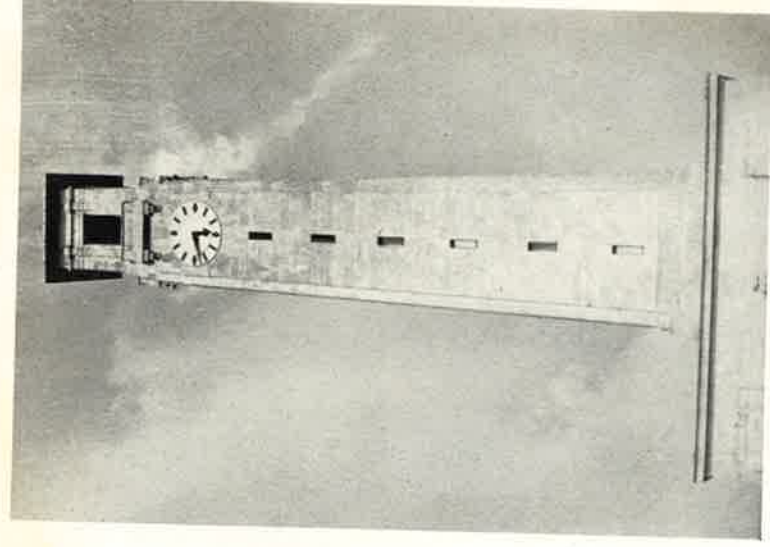
PLASMA UNPACKED



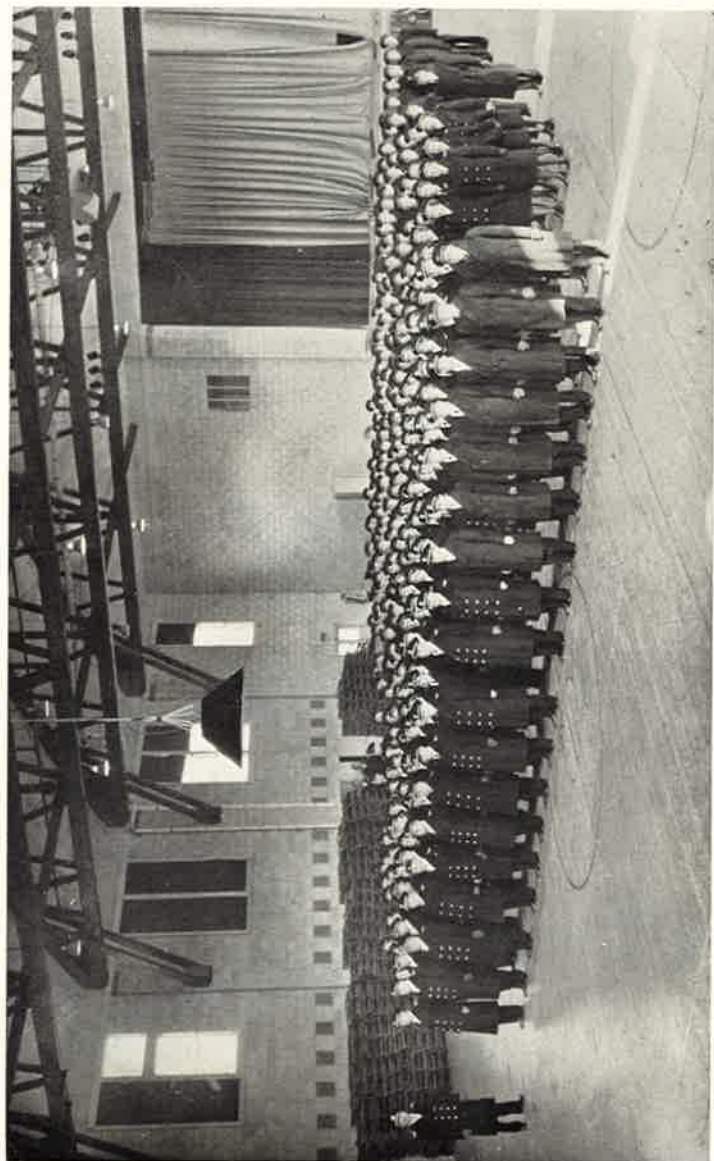
PLASMA IN USE



IN MEMORIAM



GUILD HALL CLOCK TOWER, SOUTHAMPTON



SNAG 56 IS COMMISSIONED



TRANSPORTATION

